CERTIFICATE OF DEATH

					Neg. Ditt. 110:
1. PLACE OF DEATH o. COUNTY Car:	roll	MARYLAND	A STATE		rion: Residence before admission) Y Carrol1
b. CITY OR TOWN (If our RURAL and give neares Rural, Nr.	tside corporate limits, v it lown) Westminster	c. LENGTH OF STAY IN 18		f outside corporate limits, write r. Westminster	RURAL and give nearest town)
d. NAME OF HOSPITAL (OR INSTITUTION Wes		Md. R. D. 2	/ d. STREET ADDRESS Westminst	er, Md. R. D.	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	fini Calvit	Middle M.	Albers	4. DATE M. OF DEATH 11/13.	onth Day Year /59 19
s. sex 6.		MARRIED THEVER MARRIED DOWED DIVORCED	7/28/1894	9. AGE (In year lost birthdoy)	Months Days Hours Min.
10o. USUAL OCCUPATION (during most of working Carpenter		106. KIND OF BUSINESS OR INC Bldg. all kind	S Cambridge	e, Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Ezra Albe:	rs		14. MOTHER'S MAIDEN	sa Mills	
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye	U. S. ARMED FORCES a, give wor or dates of service	1	Mrs. Calvin M		minster, Md. R.D.2
PART I. DEATH	[Enter only one couse WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO	per line for (a), (b), and (c).]	Occlu	sion	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, gove rise to imme coess (o), stoling the lying couse lost.	ediote Due TO	Walvulan	Heart D	isane	3 year
PART II. OTHER :	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING 201 CAUSE OF DEATH DICAL EXAMINER	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	in Port I or Port II of item 18.)	
20c. TIME OF INJURY IN Hour o. m.	30	20d, INJURY OCCURRED 20e. While Not while at work of work	PLACE OF INJURY (Home, fo foctory, street, office bldg., e	orm, 20f. (City or town)	(County) (State)
21. I certify that alive an	1 attended the de	ceased from Sept 1957, and that dec	15, 1959, to oth occurred at 19:0	25/M, from the causes ADDRESS (Street, city or town	5, that I lost saw the deceased and an the date stated above
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ulius (hepto	_MD. 852 WY	hear Worten	meter 11/13/5
	22b. DATE THEREOF	22c. NAME OF CEMETERY Grave Run		22d. LOCATION (City, town Baltimore C	o, Mary land.
23. FUNERAL DIRECTOR'S SI		ADDRESS Littlestown,	24a. RE		GISTRAR'S SIGNATURE Delthur & Kraua

STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft moy be retained. The hospital or attending physicion.

TO FUNERAL DIRACTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 shauld be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A1S (4) 1SM 9/S5

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. . . Service and the service of the servi 19:00 Line Air Chillip T. 6 . T . SI , redesible se Single-Line of the state of the 人工是 一种 独立的 TIVIET 4 March and the state of the stat h 1

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l'S	CERTI	FICAT	E OF	DE	ATH	Re	g. Di	st. No	-	7333
	2. USUAL RE	SIDENCE (M	/here decea	ned live	d. If institu	ution: F	Reside	nce bel	ore adm	ission)
ND	a. STATE	Mary	land		b. COUNT	F	Bal	to.	City	V
lb	c. CITY O	R TOWN (IF	autside cor	porate	limits, write					
ys	Ba	altimo	re		3	V	5/	- 11		
	d. STREET	ADDRESS								ESIDENCE A FARM?
	25	33 Pe	nnsyl	van	ia Ave	9.			YES [
	Los	rt	4. DATE OF DEATH		Mont	h		Day	Y	ear
	Amend	1	DEATH]	Vovemi	per	23	,	3	959
B.	DATE OF BIRT	Н		9. AG	E (In years			YEAR		ER 24 HRS.
	April 2	22, 18	198	6	l yrs.	Mont	hs D	Doys	Hours	Min.
USTR	Y 11. BIRTHPI	LACE (State	ar fareign	country)		12.	CITIZ	EN O	WHAT	COUNTRY?
	Mar	ryland					U	.S.	A.	
	14. MOTHER'S	MAIDEN N	AME			- 1			•	-
	Mary	7 Ceci	lia G	ilm	ore					
. INI	FORMANT				Address					
S	pringf:	ield H	ospit	al 1	Record	ds				
								INTER	VAL BETWE	EEN
cho	pneumo	nia						500	avs	ests.
rie	ht fem	ur						1	.8 da	ys
	OT RELATED TO					/EN IN	PART	1	PERFO	AUTOPSY PRMED? NO T
	ter nature of i	sjury in Port	I or Part II	of item	18.)					
r	OF INDIAN		1							
actar	E OF INJURY (y, street, affici	bldg., etc.)					(Cour	.,		(Stole)
	pital				ille					1d.
	e, held on								ond i	find that
luici	ide 🔲 , H	lomicide	□, υ	ndete	rmined o	cause				
									DATE S	IGNED
	M.D. CHIEF								DMIR .	191100
	ASSISTA	NT MEDICA	L EXAMINE	R				/	00 10	
	DEPUTY	MEDICAL E					-	11/	23/5	9
OR C	REMATORY		22d. LOCA	TION I	City, tawn,	or cour	ily)	2	(Stote	0)
		240. REC'E	BY REGIST	KAR	24b. REGI	STRAR	SIGI	VATUR	E	
		DATE	NOV 2 7	'59				0 0		

SM 9/55

ACT THE RESERVE r A DESCRIPTION TALKS, IN THAT STORY AND AN ARTHUR ARMS OF SHARE A F TA TA The state of the s Sharker & contract and make the MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MAN THE WAR Service Community . 11 MALE STREET, THE PROPERTY OF THE PARTY OF TH A CONTRACTOR OF THE CONTRACTOR - 1.04ET(FI , , e ---The territory of the Council of the contract of the V a see the plant we . . . AND THE VEHICLE LEVEL TO BE

TO HOSPITAL OR

VS A15 (4) ISM 10/57

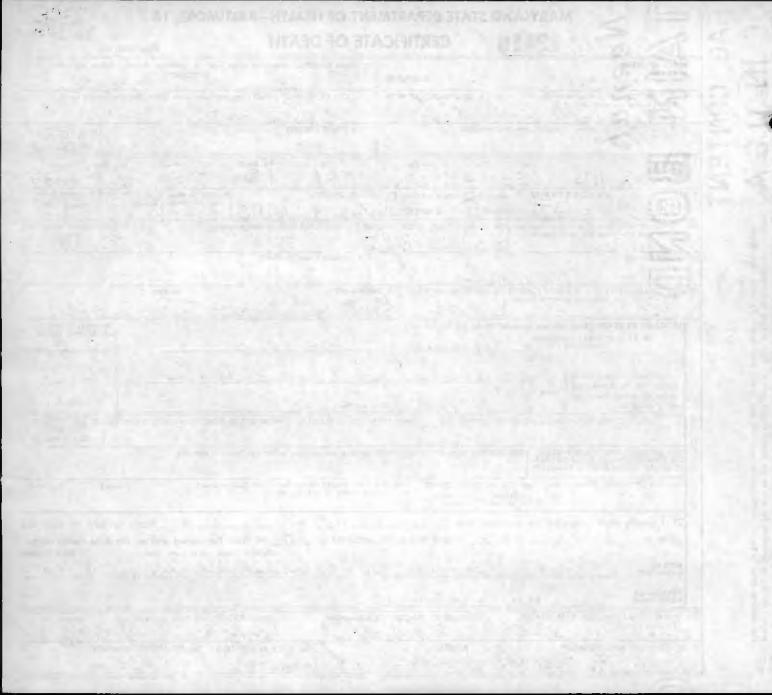
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12410

CERTIFICATE OF DEATH

12395

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY ARRALL MARYLAND	2. USUAL RESIDENCE (Whate deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (I) outside Corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) LOUIS LEE ARMS WO	ORTHY 4. DATE Month Doy Year OF DEATH HOU, 24 1959
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Thou 30. 1882 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) lost birthday) Months Days Hours Min.
10a. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- goring most of working life, even if refired)	to Md. U.S. A.
13. FARGER'S NAME - assistanting	14. MOTHER'S MAÍDEN NAME MARKOUSOUN
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes. give wor or dates of service)	IN Mary A. Canasworthy - Wife
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	thrombosis Interval Between ONSET AND DEATH 2 Fracel
Conditions, if any, which) DUE TO Reversely 2	ed arteriosclassis years.
	vsion. year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO DEATH BUT OR CONTRIBUTING COURS OF DEATH OF CONTRIBUTING COURS OF DEATH OF CONTRIBUTING COURS OF DEATH OF COURS OF	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
	ED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mour o, m. p. m. 19 While Not while of work of work	LACE OF INJURY (Home, form, actory, street, office bldg., etc.) (City or town) (County) (Stole)
21. I certify that I attended the deceased from 1/, 2 olive on 1/, 24 , 19 5 9, and that death	4, 1959, to 35011 Z4, 1939, that I lost saw the deceased h occurred of 6.350M, from the causes and an the date stated above.
ACTUAL Sami Oputuan	ADDRESS (Street, city or town, stote) DATE SIGNED AD 37 Central Aut. Subassails Md.
PHYSICIAN'S A. Sani Okut man	The same of the sa
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORRESPONDED 11-27-59	DR ENGLISH (City, lown, or county) (Stort)
23. FUNDAT PRECTOR'S SIGNATURE ADDRESS ADDRESS SIGNATURE	240. REC'D BY RECHSTRAR 24b. REGISTRAR'S SIGNATURE DATENOV 3 0 '59 Outhur & Kraum



12396

29244

CERTIFICATE OF DEATH

	1.69	THE AREA							
, PLACE OF DEATH				2. US	UAL RESIDENCE (W	ere deceased l		on: Residence bef	ore odmission)
o. COUNTY	Carroll	Co.	MARYL	AND 0.	STATE		b. COUNTY	Carrol	7
b. CITY OR TOWN	(If outside corporate lin		LENGTH OF STAY II	N Ib	CITY OR TOWN (IF	outside corporo	te limits, write R	1000	egrest fown)
RURAL ond give	niontown_		3 vrs.	R	ral Uni	ontown	hid o		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street addr		/ d.	STREET ADDRESS		911(1.6		e. IS RESIDENI ON A FARA YES TO NO
NAME OF		-		<u> </u>	iontown	Road			-
NAME OF DECEASED (Type or print)	Helen	irst .	Middle Louise	Ro	rkemeier	4. DATE OF DEATH	Noveml		oy Year
SEX	6. COLOR OR RACE		NEVER MARRIES		OF BIRTH	1	AGE (In years	IF UNDER 1 YEA	, , ,
Female	White	WIDOWED	- T	_	ruary 27	.1880	79 yrs.	Months Days	Hours M
Oa. USUAL OCCUPAT	ION (Give kind of work rking life, even if retire	k done 10b. KINI ed)	D OF BUSINESS OR	INDUSTRY 11	, BIRTHPLACE (Stote	or foreign cou	ntry)	12. CITIZEN C	F WHAT COUN
Housew	ife	0	wn home		Maryla	A STATE OF THE PARTY OF THE PAR		U.S.	Α.
. FATHER'S NAME				14. /	NOTHER'S MAIDEN I	NAME			
Frank	Schlegel.				unch	unny	1_		
WAS DECEASED EV	ER IN U. S. ARMED FO		IAL SECURITY NO.	INFORM			TTm : Add	rtown,	Ma
(As, no, or unknown)	(If yes, give war or dates of	f service)	6	21- 0	-1	Dent			
NO	None	un	moun_	Mr. C	aivin C.	Berke	emeler	Uniont	
443x	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE T	(0) H-y		si-l	Cardio	-Van	cular	Disea	IERVAL BETWEE
PART I. DE 443 X Conditions, if gove rise to couse (o), stoting lying couse lost	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T ony, which immediate p the under-	(b) H-y	porten			-		Disea	ISET AND DEA
PART I. DE 443 X Conditions, if gove rise to couse (o), stoting lying couse lost	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T ony, which immediate grader- grader-	(b) H-y	porten			-		Disea	ISET AND DEA
PART I. DE 443 X Conditions, if a gove rise to couse (o), stoting lying couse lost PART II. OI 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T ony, which immediate grader- grader-	(c) H-y O (b) O (c) NDITIONS CON	porten	TH BUT NOT RI		INAL DISEASE (CONDITION GIV	Disea	ISET AND DEA
PART I. DE 443 X Conditions, if a gove rise to couse (o), stoting lying couse lost PART II. OT 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T only, which immediate grade and a comment of the immediate grade. THER SIGNIFICANT CO AS UNDERLYING Grade and cause of DEATHY MEDICAL EXAMINER; RY Month, Doy, Y	(b) H-y	TRIBUTING TO DEA	TH BUT NOT RI	ELATED TO THE TERM	Port I or Port I	CONDITION GIV	Disea	19. WAS AUTO PERFORMED YES NO
PART I. DE 443 X Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OI 200. ACCIDENT W OR CONTRIBUTING IF EITHER, NOTIF 200. TIME OF INJUMENT OF IN	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T Only, which immediate immediate if the under. THER SIGNIFICANT CO AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER: RY Month, Doy, Y	(c) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO DEATE HOW INJURY OC	TH BUT NOT RI	ELATED TO THETERM r noture of injury in INJURY (Home, Form	Port 1 or Port I	CONDITION GEV I of item 18.) r town)	(County	19. WAS AUTO PERFORMED YES NO
PART I. DE 443 X Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OI 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T only, which immediate 3 the under- THER SIGNIFICANT CO AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER IRY Month, Doy, Y 19	(c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO DEATE HOW INJURY OCCURRED Not while of work fram.	TH BUT NOT RICCURRED. (Ente	INJURY (Home, formeet, office bldg., etc.	Port I or Port I	CONDITION GIV	(County	19. WAS AUTO PERFORMED YES NO
PART I. DE 44 3 X Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OT 20c. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m., p. m. 21. I certify to	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T only, which immediate 3 the under- THER SIGNIFICANT CO AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER IRY Month, Doy, Y 19	(c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO DEATE HOW INJURY OCCURRED Not while of work fram.	TH BUT NOT RICCURRED. (Ente	INJURY (Home, formeet, office bldg., etc.	Port 1 or Port 1	CONDITION GIV	(County that I last sa d an the dat	19. WAS AUTO PERFORMED YES NO
PART I. DE 44 3 X Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OT 200. ACCIDENT W. OR CONTRIBUTING IF EITHER, NOTIF 201. TIME OF INJUING F. TIME OF INJUING IF EITHER, NOTIF 21. I certify the alive an	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T only, which immediate 3 the under- THER SIGNIFICANT CO AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER IRY Month, Doy, Y 19	(c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO DEATE HOW INJURY OCCURRED Not while of work fram.	TH BUT NOT RICCURRED. (Ente	INJURY (Home, formeet, office bldg., etc.	Port 1 or Port 1	on of item 18.) I of item 18.) I town)	(County that I last sa d an the dat	19. WAS AUTO PERFORMED YES NO
PART I. DE 44 3 X Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O1 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF I	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE T only, which immediate 3 the under- THER SIGNIFICANT CO AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER IRY Month, Doy, Y 19	(c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO DEATE HOW INJURY OCCURRED Not while of work fram.	TH BUT NOT RICCURRED. (Ente	INJURY (Home, formeet, office bldg., etc.	Port 1 or Port 1	on of item 18.) r town) 1 of courses an	(County that I last sa d an the dat	19. WAS AUTO PERFORMED YES NO
PART I. DE 44 S Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OT 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m., p. m. 21. I certify the alive an	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE TOON, which immediate imme	(c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO DEA E HOW INJURY OC RY OCCURRED Not while of work fram. The state of the stat	TH BUT NOT RICCURRED. (Ente	INJURY (Home, former, office bldg., etc.) 19, to// 19, to// Tred at 4 30 f	Port I or Port I	r town) 1 of item 18.) 1 of item 18.) 1 county of town, 1 county or town,	(County that I last sa d an the dat	19. WAS AUTO PERFORMED YES NO
PART I. DE 44 4 3 X Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OT 20c. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF) 20c. TIME OF INJUIN Hour o. m. p. m. 21. I certify the control of the country o	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE TO Ony, which in mediote in mediote in the under. THER SIGNIFICANT CO (AS UNDERLYING II) G III CAUSE OF DEATH Y MEDICAL EXAMINER; RY Month, Doy, Y 19 hat 1 attended, th 11 2 3 3	(c) Hygo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TRIBUTING TO DEA E HOW INJURY OC RY OCCURRED Not while of work fram. The state of the stat	TH BUT NOT RI CCURRED. (Ente 20e. PLACE OF foctory, st /// 5 9, death accu M.D.	INUNY (Home, former, office bldg., etc. 19, ta// rred at 4 32 /	Port I or Port II 20f. [City o 1] M, fram the ADDRESS (Street III) MGSOR	r town) 1 of item 18.) 1 of item 18.) 1 county of town, 1 county or town,	(County that I last sa d an the dat state)	19. WAS AUTO PERFORMED YES NO
PART I. DE 44 4 3 X Conditions, if gove rise to couse (o), stoting lying couse lost lying couse lost OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE TOON, which immediate only, which immediate of the under- THER SIGNIFICANT CO AS UNDERLYING CAUSE OF DEATH OF AMEDICAL EXAMINER ON, 19 ROBE AND ROBE ON, 22b. DATE THERE ON, 22b. DATE THERE	(c) Hygo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TRIBUTING TO DEA E HOW INJURY OC RY OCCURRED Not while of work of twork of two while of two w	TH BUT NOT RI CCURRED. (Ente 20e. PLACE OF foctory, st /// 5 9, death accu M.D.	INJURY (Home, former, office bldg., etc. 19 to 1/2 rred at 4 32 formed at 4 32 formed at 4 32 former with a 1/2 former	Port I or Port I 20f. (City o 20f. (Strong the Address (Strong t	r town) 1 of item 18.) 1 town) 1 causes an et, city or town, 1 Md e DN (City, town,	(County) that I last sa d an the dat state) or county)	19. WAS AUTO PERFORMED YES NO (Some of the december of the de
PART I. DE 44 4 3 X Conditions, if gove rise to couse (o), stoting lying couse lost lying couse lost OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE TOON, which immediate only, which immediate of the under- THER SIGNIFICANT CO AS UNDERLYING CAUSE OF DEATH OF AMEDICAL EXAMINER ON, 19 ROBE AND ROBE ON, 22b. DATE THERE ON, 22b. DATE THERE	(c) Hy (b) (c) (c) (c) NDITIONS CON 20b. DESCRIBING While of work ce deceased 1, 19 Policy Ptson 222	TRIBUTING TO DEATE HOW INJURY OCCURRED Not while of work fram, and that of the things	TH BUT NOT RI CURRED. (Ente 20e. PLACE OF factory, st // 5 9, death accu M.D.	INJURY (Home, former, office bldg., etc. 19 to 1/2 rred at 4 32 formed at 4 32 formed at 4 32 former with a 1/2 former	Port I or Port I 1, 20f. (City o 2) M, fram th ADDRESS (Stro	r town) 1 of item 18.) 1 town) 1 courses an et, city or town, 2 courses an et, city or town, A course an et, city or town, 2 course an et, city or town, 3 course an et, city or town, 4 course an et, city or town, 5 course an et, city or town, 6 course an et, city or to	(County that I last sa d an the dat state)	ISET AND DEATH SIGNATURE SIGNATE SIGNA

death. Page.

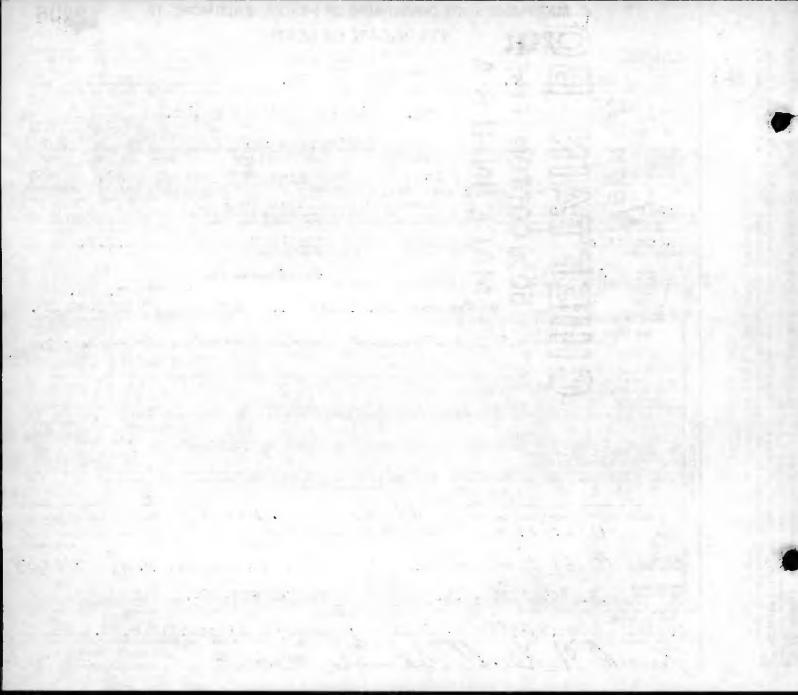
Shed with uneral director,

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funch page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. IENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offe

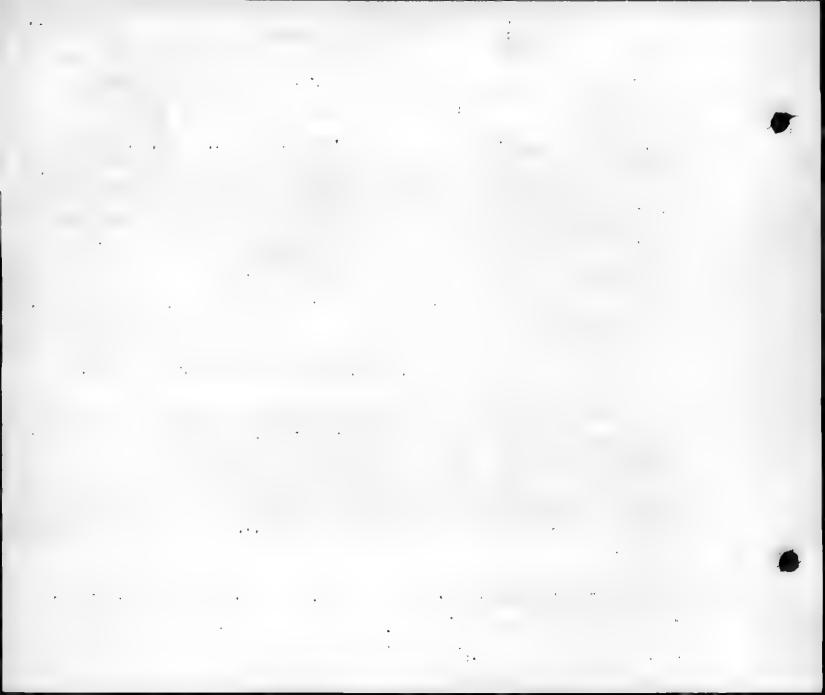
TO HOSPITAL OF VS A1S (4) 1SM 9/S8



VS A15 (4) 15M 9/58

	ndb-	
 Distant.	9.1	

- 1														
	1. [PLACE OF DEATH				MARYLAND	2.	USUAL RESIDENCE (WI	here decease	d lived. If instituti b. COUNTY	an: Resider	ce before	admiss	ian)
		Carroll					4	Maryland			Carr		/	
	ì	b CITY OR TOWN (If RURAL and give near	autside carporate limi prest town]	s, write	c. LENG	TH OF STAY IN 16		c CITY OR TOWN (IF	autside carpo	orate limits, write R	URAL and	give near	est tawn	1)
		Sykesyi				days	1	Baltimore	, Mar	yland	3 v		4	
		d NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, g	ve street	address)		H	d. STREET ADDRESS				e	IS RES	FARM?
			ield State	Hos	pital			3809 Oakf	ord Av	re., Apt	. D.			NOX
		NAME OF DECEASED	Fin	iP .		Middle		Lost	4. DATE	Mar	ith	Day	١	rear roe's
		(Type ar print)	Jose	ph	(Dortch)_		Bortch	DEATH			7		19 59
	5. 5	SEX	6 COLOR OR RACE	7. MARE	RIED NI	VER MARRIED 🔝	B. D	ATE OF BIRTH		9. AGE (In years last birthday)				
		male	white	WIDOWI	ED 🔲	DIVORCED		2/9/18		47 yrs.	Months	Days	Haurs	Min.
	10a	. USUAL OCCUPATIO	N (Give kind of wark o	lane 10b.	KIND OF	BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	ar fareign o	ountry)	12.CIT	ZEN OF	WHATC	OUNTRY?
		none	ing life, even if retired		m	one		Marylan	d			USA		
	13.	FATHER'S NAME				OHO	1	4. MOTHER'S MAIDEN I						
		Max Dor	tch					Jenny T	ublan					
	15	WAS DECEASED EVER	IN II S APMED FOR	CES? 16.	SOCIAL SE	CURITY NO.	INFO	RMANT		Add	ress			
	(Yer	n, no, or unknown) (i	If yes, give war ar dates of s	rvice) 1	9-38	# 180 8"	R	ecords Spri	ngfie]	ld Hosp.	Syke	svil	le,	Md.
		18. CAUSE OF DEAT	TH [Enter only one co	use per lii	ne far (a),	(b), and (c).]			· · · · · · · · · · · · · · · · · · ·				VAL BE	
		PART ! DEAT	H WAS CAUSED BY:	R	ronch	opneumon	la.						AVS	DEATH
		*/ X DUE TO												
		Continue the training the day to subseque all opening opening the												
		gave rise to in	nmediate (U	r.emre	due co	aub	arcuse gron	IOI UTOI	HODEL ROLL			77	
		cause (o), stating the <u>under.</u> Lying cause last.												
	z) (c)		CONTRIBUTION	TAIC YO DEATH B	IT A IC	T RELATED TO THE TERM	24 22 0 1414	E COMBITION OF	(Facility DAD	T 1/-> 10	14/4C	ALLIT COREV
١.	OE.				-					E CONDITION GI	TEIN IN FAR	, ,	PERFO	RMED?
	Σ	Primary behavior disorder; conduct disturbance. YES NOTA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)												
	CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	206. UES	CRIBE HOV	W INJURT OCCUR	KED. (I	enter nature at injury in	ran i ar ran	TIL QY ITEM IS }				
	MEDICAL	20c. TIME OF INJURY	Manth, Day, Yes		NJURY OC			OF INJURY (Hame, farm, street, affice bldg, etc.		y ar tawn)	(1	County)		(State)
	WED	Hour a.m.	19	White at war	k at w	WILLIE	raciary	, sireer, driice blug , ex						
	_		at I attended the	docoor	ad from	11/2/	50	, 19 , ta 1	17/7/50	9 19	that I la		الم ما	
								curred at 3:55						
		alive on	.11/1/2	, IX		ana inai aea	rn ac	curred at_23_22		the causes ar treet, city ar tawn,		e date		l abave. E/SIGNED
		ACTUAL do	un elsea	ull,	a.0				MODRESS (3	ireer, city or lown,	sidiel		11/	2/10
П		SIGNATURE			7/10	,	_ M.D		-				k-	44-7
		PHYSICIAN'S NAME (Type)	Francesco l	lagro	M.I).		Springfie	ld Hos	oital. S	rke sv	ille.	Md	
	22a	BURIAL, CREMATION			_	ME OF CEMETERY	OR C		22d. LOSA	TION (City, fown,			(State	
		RPMOVAL (Specify)	11009-19	59	7		27:	nef	15	ral-80		Par	2-1	,
	23.	FUNERAL DIRECTOR'S	SIGNATURE	عم ورده	relan	RESS 20	P at .	/7	ROV REGIS	TRAP 24b. REGI	STRAR'S SI			
	1	- A OGERTO)	Mry W. N. gradi	10 60	erent.	て レーモ	~ € »	DATE			voissel	a. The	MA	



VS A15 (4) 15M 9/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12413 **CERTIFICATE OF DEATH** 12398

ш								rad. Dist. I	10.
	1. PLACE OF DEATH o. COUNTY	Carroll	MARYLA		USUAL RESIDENCE (o. STATE	Where deceased Maryla	4 -		o.City /
Ī		Foutside corporate limits, write	c LENGTH OF STAY IN	1b	c. CITY OR TOWN (If autside corpore	ote limits, write RUR	AL and give r	rearest town)
1	Sykesvill	9	33 years		Bal	timore	3 V	01 4	
Ì	d. NAME OF HOSPIT	AL (If not in haspital, give stree	t address)		d STREET ADDRESS				e IS RESIDENCE ON A FARM?
Į	Springfie.	ld State Hospit	al		4 Chestnu	t Hill .	Ave.		YES NO
	3. NAME OF DECEASED (Type or print)	Nellie	N_{ullet}	Boug	hner	4. DATE OF DEATH	Novembe:		Day Year 2, 19 59
	5. SEX	6 COLOR OR RACE 7 MAI	_		ATE OF BIRTH			Months Days	AR IF UNDER 24 HRS
ı	Female	White wood			February 1				
J	10a. USUAL OCCUPATION during most of worl	ON (Give kind of wark dane 10b king life, even if retired) K	. KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sh	ate or foreign cor	intry)	12.CITIZEN	OF WHAT COUNTRY?
		K .	-		D			U.S	5.A.
k	3. FATHER'S NAME			1	4. MOTHER'S MAIDE				
	Daniel B	oughner			Mary N.	Nichols	on		
	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	INFO	RMANT		Address	3	
	No	-	_	Sp	ringfield	Hospita	Records		
		ATH [Enter only one cause per	line for (o), (b), and (c).]					IN	ITERVAL BETWEEN
1	PART I. DEA	TH WAS CAUSED BY: FE	r advanced b	ilat	eral pulmo	nary tul	perculosis		Years
	002 X	DUE TO			•	•			
	Conditions, if o								
	gove rise to i								
	lying cause lost.)(c)							
	Y Cahimamh	renic reaction,	peranoid ty	pe.	T RELATED TO THE TE	RMINAL DISEASE	CONDITION G VEN	I IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO 3
		AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCC	URRED (I	nter nature of injury	in Port or Port	II of item 1B)		
	20c. TIME OF INJUR	While			OF INJURY (Home, f , street, office bldg.,		or tawn)	(Count	y) (State)
	21. I certify th	nat I attended the decea	sed from March	7.	1955 to N	ovember	2. 1959.th	at Llast so	aw the deceased
	alive on No		59 , and that de	eath ac	curred of 1:1	5RM from t	he couses and	an the da	te stated above
		~					set, city or tawn, st		DATE SIGNED
	ACTUAL SIGNATURE	ruchi LCC	Crupo	AA D	Spring	field St	ate Hosp	ital	77/2/59
	PHYSICIAN'S NAME (Type)	Agustin delCa	mpo, M.D.		-	ille, Ma	_		
-	22g. BURIAL, CREMATIC	ON, 22b DATE THEREOF	22c. NAME OF CEMETE	RY OR C			ON (City, town, or	county)	(Stote)
	but Appecify)		Rock Cree	ek C	eme ter y		ing ton, I		(0.0.0)
1	23 FUNERAL DIRECTOR		ADDRESS W.S.	sh.I	. C . 24a. R	EC'D BY REGISTS	AR 24b REGISTI	RAR'S SIGNAT	
	The S.H.	Hines Co29	01 lluth St.	. , N .	W. DATE	NOV 4 15	9 Chi	hur S. K	sau4



VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12414

CERTIFICATE OF DEATH

Reg. Dist. No. 12399

1. PLACE OF DEATH o. COUNTY			MARYLAN	11	o STATE		here deceased	lived. If ins		Residence	e before adn	nission)
Carr					Mary.					mery		<u> </u>
RURAL ond give	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN	ТЬ	c. CITY OR T	OWN (IF	outside corpor	ole limits, wa	rite RURA	At and gi	ve nearest to	own)
Sykesvi]	lle		3yrs. 7mth	S.	Beober	dak_	GLEN E	CHO H	EIGH'	TS.	1-3.	e uj
d NAME OF HOSP OR INSTITUTION	TTAL (If not in hospital, (give street	oddress)		d. STREET A		WALHON	TOTAL I	2040		e. IS I	RESIDENCE LA FARM?
Springfi	eld State H	lospi	tal			0103	WALHOR	IDING I	KUAD		YES	□ NO 🖪
3. NAME OF DECEASED		rst	Middle		Los		4. DATE OF		Month		Day	Year
(Type or print)	Celestenia			rady			DEATH	Nov.				19 59
S SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED [B. D	ATE OF BIRTH	1		9. AGE (In y	ears IF			
Female	White	WIDOW	ED X DIVORCED	o 5.	-1-72			last bìrthà	yrs.	ionths [Days Hou	rs Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPL	ACE (Stole	or foreign co	untry)		12.CITIZ	EN OF WHA	TCOUNTRY
Housewi	_	"	Own_home		TaT	achin	eton.	D.C.		IT.	S.A.	
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN I	NAME	Dava		0,0	MARIA.	
Felix S	Saltan				Mon	athe i	Crippe	n				
No. WAS DECEASED EV	ER IN U. S ARMED FOR	RCES? 16.	SOCIAL SECURITY NO	INFO	RMANT	Ulla	or Thhe		Address			
1 1	(If yes, give war or dates of s	service)	THE STATE OF THE S	M	יבים		e_Bens					
18. CAUSE OF DE	EATH Enter only one co	ouse per li	ne for (a). (b), and (c).)	- 191	CBa_F_L	oriente	Glen E	chó He	ighi	SING	nding	RETWEEN
	ATH WAS CAUSED BY:								-6		UNSET AL	ND DEATH
11200	IMMEDIATE CAUSE (d		Broncho-pn	(\$) HH(\$)	пін						day	5
4.20.0	DUE TO				**	7.					4.1	
Conditions, if	immediate (,	Arterio Scler	cotic	: Heart	Dis	ease				mont	19
couse (o), stating	g the under- DUE TO											
lying couse lost	- 1		<u>loneral Arter</u>	<u> </u>	<u> </u>	7.					year	
NOITE PART 11 O	THER SIGNIFICANT CON	IDITIONS_	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THETERM	INAL DISEASE	CONDITION	I GIVEN	IN PART	1(a) 19 WA	S ALTOPSY FORMED?
		,									YES	NO 🗌
CONTRIBUTION	AS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCCL	JRRED (E	nter noture of	f injury in	Part I or Port	II of item 18	1)			
	Y MEDICAL EXAMINER)											
WEDI OF INJU	JRY Month, Doy, Ye	ar 20d. I While			OF INJURY () , street, office		n, 20f. (City	or lown)		(Co	ounty)	(State)
p. m.	10	of wo	rk of work	·								
21. I certify t	hat I attended the	deceas	sed fram.15/25		1959	. ta //	12x-	, 19	59.th	at I fas	t saw the	deceased
alive an 11,			59 , and that de				M from	he couses	s and	an the	date stat	ed abave
	. /	,			001100 012		ADDRESS (Sh	reet, city or t	own, slo	le}	0	ATE SIGNED
ACTUAL SIGNATURE	17.0 ult + 70.	w	Mayro	44.0	Son	1. O.Y.	eld S	tute	1	1000		
			J	M D.			-2121	-4				
PHYSICIAN'S NAME (Type)	Francesco	Magro	2			V						
220. BURIAL, CREMAT	3	OF.	22c NAME OF CEMETER	RY OR CR	EMATORY		22d. 10CAT	ION (City to	wn, or c	ounty)	{5	tate)
BURNAL (Specify	" 12/2/59		PARKLAWN CEI	METE	RY		MONTG	OMERY	COUN	YTY,	MARYL	AND
23 FUNERAL DIRECTO	PENGHATURE Y	INC.	SILVER SPRI	NG 1	MD.		D BY REGIST	RAR 24b.	REGISTR.	AR'S SIGI	NATURE	
Raymous	a Biska	/,	DIETER GIRE	, ,		DATEDE	C 1 '59	•	Chilin	1 4.1	Premi	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS. A15ME(5) 5M 9/55

N	
X	

E,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12415

12401

Reg. Dist. No.

	1. PLACE OF DEATH		2. USUAL RESIDENCE (W	there deceased lived. If Ins	titution: Residence be	fore admission)
	Garroll	MARYLAND	o. STATE Mar	yland b. cou	Alle	gany
Ì	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wr		
1	Sykesville	15yrs.8mos.17d	ays Flin	tstone	* * **	
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS			ON A FARM?
	Springfield State Hospita	1	None			YES NO 1
	3. NAME OF First DECEASED	Middle	Loui	4. DATE Mo	onth Doy	Year
1	(Type or print) Helena	Frances	Bucholtz	DEATH Nover	mber 19,	1959
	5. SEX 6. COLOR OR RACE 7. MARS	RIED 🗌 NEVER MARRIED 🔣 B.	DATE OF BIRTH	9. AGE (In years		
1	Female White wipow	/ED DIVORCED [May 23, 1921	lost furthday) 38 yr	ns. Months Days	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN O	F WHAT COUNTRY?
	dyring most of working life, even if retired) HOUSEWORK	Sterice	Maryl	and	U.S	.A.
J	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
i	Unknown		Minnie	Stickley	. *	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. IN	FORMANT	Addr	015	
1	(If yes, give war ar dates of service)	- S	pringfield H	ospital Recor	ds "	
ı	18. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).]			#NITE ONE	RYAL BETWEEN ET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) B1	<u>lateral</u> aspirat	ion bronchop	neumonia	1	21 hrs.
1	491X DUE TO			N.		
	Conditions, if any, which) (b)	inal diagnosis	to be determ	ined by toxi.		
	gove rise to immediate cause (a), stating the underlying DUE TO	cological studie	s.)	(3)		
1	couse lost. (c)					
	Psychoneurotic disorder	ONTR BUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE COLD.TION	SIVEN IN PART 1(a)	9 WAS AUTOPSY PERFORMED?
	5 - Sycholical Cole disorder	, dirtery leach	10 11.			YES NO
	Psychoneurotic disorder 20g. External Cause was Primary or Contributing Cause of Death.	BE HOW INJURY OCCURRED. (En	iter nature of injury in Port	1 or Part II of item 18.)		
		ft-	E Of INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City or fown)	(County)	(Stole)
	☐ Hour o.m. Whi of w	rack of work	y, areat, arrive energy, ever			
	21. I certify that I took charge of the	remains described above	e, held an Autopsy	Inspection D	, Inquiry 🕱	, and find that
	death resulted from: Natural causes	🔼, Accident 🔲, Suic	ide 🔲, Homicide	, Undetermined	cause .	
	0 1 00					
	SIGNATURE VALUES	HTEN	M.D. CHIEF MEDICAL EX	AMINER 🔲		DATE SIGNED
			ASSISTANT MEDICA	L EXAMINER		4.
	EXAMINER: James T. Marsh,	M.D.	DEPUTY MEDICAL E	XAMINER 🔣	11/	20/59
	220. BURIAL, CREMAT.ON, 226. DATE THEREOF	22c. NAME-OF CEMETERY OR	ERSMATORY -	22d. LOCATION (City, tow	g. or county)	(State)
	Buscal 11-22-59	othellone		Teleuty het.	* Cheken	de, mel
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	(240. REC'E	BY REGISTRAR 246. RE	G FRAR'S SIGNATU	RE
ł	Courtell Hattellyou	(They resulted	printy . DATE &	10V 2 5 150	Shar . 0 4	

7-2-16.

X

MARYLAND	STATE DEPARTMENT	QF	HEALTH-BALTIMORE,	1
12417	CERTIFICATE		·	

19/102

12417	CERTIFICA	ATE OF DEATH		エーコワル Reg. Dist. No.
1. PLACE OF DEATH O COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (Where o. STATE	e deceased lived. If institution b COUNTY	Residence before admission)
RURAL and/give instrest town)	acus	mar	side carparate limits, write RUR	AL and give nearest fawn)
d. NAME OF HOSPITAL (If not in haspital, give street addre OR INSTRUCTION	15) 9	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) TOTAL 5. SEX 6. COLOR OF RACE 7 MARRIED		B. DATE OF BIRTH	last birthday)	Day Year 19 5 9 FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b KIND during mas) of working life, even if relired)		August 31, 19		12 CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME Burle		The second second	C. Cutsail	
Mo (II yes, give wor or dates of service)	09-1760 G	illiani C. 15	Reurbe Sylve	willi, my they 83
18. CAUSE OF DEATH [Enter only one cause per line for PARY I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c)]	imbreis, c	Enterconderor	T ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), sloting the under-	F dunge	, arlens	schrone gra	udjet 40
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	EIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING 206. DESCRIBE OR CONTRIBUTING 206. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE). (Enter nature of injury in Pa	rt 1 or Part II of item 18.j	
	OCCURRED 20e. PL/ Not white of work	ACE OF INJURY (Home, farm, story, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended the deceased for alive an 1959. ACTUAL SIGNATURE HOWER LEVEL A		occurred at XICCC	M, from the couses and DRESS (Street, city or town, sto	that I last saw the deceased d an the date stated abave the) DATE SIGNED 11-8-59
PHYSICIAN'S HOWAYD E,	HALL	SYKESV	Thre ML	<i>D</i> ,

23 FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

220 BURIAL, CREMATION, REMOVAL (Specify) Burial 22b DATE THEREOF Nov.11.1959 Providence Cemetery ADDRESS

M. R. Etchison & Son, Frederick, Maryland

Frederick County, Maryland 240 RECID BY REGISTRAR NUV 1 2 59 246 REGISTRAR'S SIGNATURE Irving L. House DATE

VS A15 (4) 15M 10/57



12418 CERTIFICATE OF DEATH

12403

	-		- F 100 - C - C - C - C - C - C - C - C - C -	. V.						radi bisi' is	no.		
,	1. [PLACE OF DEATH O. COUNTY CE	rroll	MAI	RYLAND	2. USUAL o. STAT	RESIDENCE (Who		d lived. If institution b. COUNTY	Residence be		n)	
and the same	Ī		autside corporate limits, varest town)		YIN 1b			utside carpo	orate limits, write RUR				
		OR INSTITUTION	AL (If not in hospital, give Flag Marsh	street caldress)		, d STR	Til og Morrah Da					ENCE ARM? NO	
		NAME OF DECEASED (Type or print)	First ELSTE	Midd THOMAS	_	AVIS	Last	4. DATE OF DEATH	Month Nov.		Day Ye	59	
	5. 5	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MAR	RIED 📗 B	DATE OF	BIRTH			UNDER I YEA	AR IF UNDER	24 HRS.	
1		nale	11111 00	DIVOR	46	12-	17-1894	4	64 yrs.	Aonths Days	Hours	Min	
	10a	. USUAL OCCUPATIO	N (Give kind of work done	e 106. KIND OF BUSINESS	OR INDUS	TRY 11. BI	THPLACE (Stole o	or foreign c	ountry}	12. CITIZEN	OF WHAT C	OUNTRY	
	housekeeper			own home	3		Marylar	nd		U.	S.		
	13.	FATHER'S NAME	T . 1	D 1		14. MOTHER'S MAIDEN NAME Linda E. Hatfield							
				. Davis	٦.	inda E.	. Hat	rield					
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (You, no, or unknown) 1 (If yes, give wor or date, of service)												
1	no none Mr. August E. Davis, same												
		PART I. DEAT	TH WAS CAUSED BY:	per line for (o), (b), and (c)	nu	201	stor	na	ehler	1 0 o	ITERVAL BETY NSET AND D	VEEN	
		Conditions, if on gove rise to im	mediate (Ren	leo	d	me	tio	taris		me	~	
		couse (a), stating to	he <u>under-</u> DUE TO (c)								·		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. 20d ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINERS										19. WAS AL PERFORM YES [WED?		
:													
:	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	20e. PLA fact	CE OF INJI ory, street,	JRY (Home, form, office bldg., etc.)	20f. (City	or town)	(Count	y)	(State)	
!		21. I certify the	at I attended the de	eceased from A	TL	4 , 19	F. 10	100	L61959	hat I lost	saw the d	eceasea	
		olive on 74	and S.		at deoth	occurred	6915A	M, from	n the couses one				
		ACTUAL SIGNATURE	2 m 1	Man to	ole	4.D.			Thet, city or town, sto			E SIGNED	
1		PHYSICIAN'S NAME (Type)	MVa	N POOL					S				
	220	BURIAL, CREMATION	N. 226. DATE THEREOF	22c. NAME OF CE	METERY OR	CREMATO	RY	22d. LOCA	TION (City, town, or	county)	(State)		
		BURLAL		Live			Car	roll Co.	Mar	yland			
	23.	FUNERAL DIRECTOR'S	signature altz.	ADDRESS	Ma				TRAR 24b. REGISTR	AR'S SIGNAT	URE		
		O # TAT * All	CLU UZI	Winfield.	MU.		0.477	NOV 1	n '591 💛	1 4 10	3		

may be retains.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 22 month. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 TO HOSPITAL OF

145

V5 A15 (4) 15M 9/55



		194	10	CERTITI	SAII	OI DEAII		Reg. Dist. No. 74					
	PLACE OF DEATH 6. COUNTY	Carroll		MARYLAN	usual residence (woo. state Mary.	d lived. If institution b. COUNTY	ved. If institution, Residence before admission) b. COUNTY						
	RURAL and give no	outside corporate limit orest town] on, Maryla		c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RUI Baltimore								
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street			d. STREET ADDRESS	D 07-	. 5 . 6			S RESIDENCE ON A FARM?		
				State Hosp.				d Street			ES NO		
	NAME OF DECEASED (Type or print)	Firs		Middle		lost	4. DATE OF DEATH	Moni		Day	Year		
	SEX -	Benj		HILL RIED NEVER MARRIED	3 B D	Dudley ATE OF BIRTH	- July		IF UNDER	24 LYEAR IF	19 59 UNDER 24 HRS		
	Male		WIDOW			12-23-1898	R	last birthday) 60 yrs.		-	lours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)								12. CITIZEN OF WHAT COUNTRY					
	Labor	er		Unknown		Raleigh)		USA .			
3	FATHER'S NAME			;	14	MOTHER'S MAIDEN	NAME						
	Unknown Harriet Dudley												
		R IN U. S. ARMED FORG		. SOCIAL SECURITY NO	7 INFO	RMANT		Addr	ell				
	No		U	Inknown	Enid	Dudley -	Same	as patie	ent				
18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Deather 2. Cone													
												Conditions, if ony, which gave rise to immediate cause (a), stating the under-	
lying cause lost. (c) RANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN The line of the contribution of the con										I IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Manth, Day, Yea	While		PLACE factory.	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City	or town)	(C	County)	(State		
	21. I certify th	at 1 attended the	decea	sed from		. 19, 10		19	.,that I I	ast saw	the deceas		
220	ACTUAL SIGNATURE TANK PHYSICIAN'S NAME STYPE TO REMOVAL (Specify)	AMES N. 226. DATE THEREO	12	L. Deputy 50 MARET	us f	curred at	Dach	n the causes a treet, city or town, cuttle. TION (City, town, c	nate)	uf	DATE SIGN		
	purul'	11/28/5	7	111+ Colver	4	emeling	1. 700	Clemor	0,/1	las	ycans		
23	FUNERAL DIRECTOR	S SIGNATURE	10	ADDRESS	127		TO BY REGIST		STRAR'S SIC		4		
1	1 17 19	27 [1]	., ././.	200 -1676	1260	COLUS DATE	NOV 27	na C	W lunder	. FUSHAVA	-		

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retain by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached for use as Ille burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. V5 A15 (4) 15M 9/55





VS A1S (4) 1SM 9/S8

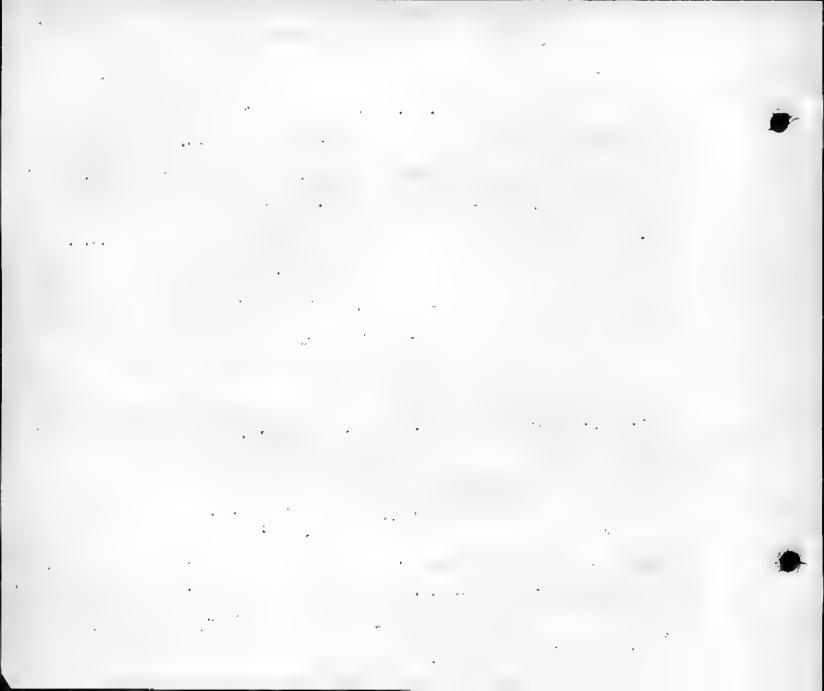
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12420 CERTIFICATE OF DEATH

1	. 6	4	U	G	

Rea. Dist. No.

-														
1	o. COUNTY C	arroll		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Balto. Gity								
	b CITY OR TOWN (If outside corporate limit	s, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF	outside corp	orote limits, write RL	RAL ond gi	ive nearest	lown)			
	Sykesvil	Le		30yrs.lmo.	160	ays Balti	more	0	3x					
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ve street			d. STREET ADDRESS					RESIDENCE			
L	Springfie	eld State Ho	ospit	al		3508 Forr		ON A FARM? YES NO						
3.	NAME OF	Fire	t	Middle		Last	4. DATE	Mont	h	Day	Yeor			
	(Type or print)			Winkler	•	Emrine	OF DEATH	Novemb	er	er 20. 19				
5	SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH	_	9. AGE (In years lost birthday)		YEAR IF U				
	Fema:	Le White	WIDOW	ED DIVORCED		Sept. 29,	1892	67 yrs	Months [Days Hai	urs Min			
10	O USUAL OCCUPATI	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign	country)	12, CITIZ	EN OF WH	AT COUNTRY?			
	during most of working life, even if retired) Domestic –					Marylan	d		1	U.S.A				
1:	13. FATHER'S NAME					14. MOTHER'S MAIDEN				-	-			
	Alvin Wi	inkler				Walburg	a Tuch	T forti						
15	WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	Н	NFORMANT		Addre	C33					
Ι,	No	ir yes, give was ar adies or s	14100)	_		Springfield Hospital Records								
F	18. CAUSE OF DE	ATH [Enter only one co	se per li	ne for (o), (b), and (c).]					-		BETWEEN			
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a:	Нза	nertencive	o a re	diovascular	if cons	_		Year	ND DEATH			
		DUE TO		DOL VERLEY C	GC14	XIVI do CULGI. I	TT2E42			1 1091	8			
	Conditions, if any, which) (b)													
	gove rise to immediate DIFTO													
	lying couse lost.													
ATION											RFORMED2.			
NOTA CIBITORI	20a. ACCIDENT W	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC		D. (Enter noture of injury in		rt (I of ilem 18.)	**	,,,,,	<u> </u>			
		RY Month, Doy, Yes		NJURY OCCURRED 1	70- DI	ACE OF INJURY (Home, fare	- 005 45 4		4.00		471 . 1			
MERCAL	Hour a.m.	19	While	Not while	fot	tory, street, affice bldg., et	n, 201. (Cir	y or lown)	(Cc	ounty)	(State)			
	21. I certify the	hat I attended the	deceas	ed from March	7.	1955 IdNo	vember	20. 19 59	hat I las	t saw the	e deceased			
	alive anNo	ovember 19.				occurred at 12:4								
		~		/				street, city or town, s			DATE SIGNED			
	ACTUAL SIGNATURE	nishus	de	Churco		M.D. Springfi	eld St	ate Hospi	tal	11	/20/59			
	PHYSICIAN'S	1				-		•						
	NAME (Type)	/ Agustin d	leICa	mpo, M.D.		Sykesvil	le, Ma	ryland						
2	BUR AL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEME	TERY O	R CREMATORY	22d LOC/	TION (City, lawn, o	r county)	. / / (State)			
L	DURIAL	11-23-	59		Ed	EEMER	DA	LTIMORE	5,	7d				
23	FUNERAL DIRECTOR	NEL MUNCK!	IL H	ADDRESS MO		240. REC	O BY REGIS	TRAR 246 REGIS	TRAR'S SIGI	NATURE				
L	Manieur W	miller 21	0/ 17	udench are	. B	ella mol DATE	MUN Z 3	35	A.					



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		12404	CERTIFICA	ATE OF DEATH	1	Reg. Dist.	No. 12406		
	PLACE OF DEATH			2. USUAL RESIDENCE (Wh			pefore admission)		
	Coolin	ARROLL	MARYLAND	mo	b. co	UNITY Cocy	model		
Г	b. CITY OR TOWN (If our RURAL ond give neare	stride corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, w	rite RURAL and give	nearest town)		
ı	WESTMI		1/RAS	Messalu	muella	_			
	d. NAME OF HOSPITAL	(If not in hospital, give street		d STREET ADDRESS	_	·	e. IS RESIDENCE		
	OR INSTITUTION 7	PALPIT S	57-	14 K	reph o	/	YES NO		
3.	NAME OF	First	Middle	Lost	4. DATE	Month	Doy Year		
1	DECEASED (Type or print)	1 HARLES	4.	ENDERS	OF DEATH	100	R-4 1958		
\vdash			RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	IE LINDER 1 Y			
1	male .	White WIDOW		Dec.23, 1885	lost birth	doy) Months Do	ys Hours Min.		
100	USUAL OCCUPATION		KIND OF BUSINESS OR INDUS				N OF WHAT COUNTRY?		
	during most of working	life, even if retired) The g	nklin Balmar				S. A.		
1-0	et'd)Machir faTHER'S NAME	ist (Co	rporation	14. MOTHER'S MAIDEN N	y	0.,	3. A.		
ľ	LYTHER 2 NAME	•							
		unknown		unknov	<u>vn</u>				
		N U. S. ARMED FORCES? 16.		NFORMANT		Address			
	no	2.	.4-03-2754 Ma	rie J. Ender	s, Westmin	ster, Md			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]									
PART I. DEATH WAS CAUSED BY:									
ı	581.0	SUE TO		(A.					
	Conditions, if ony,	which) (b)	18 C V.	alsease			There.		
	gove rise to imm								
	couse (o), sloting the lying couse lost.	(c)							
8	PART II. OTHER		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1	19. WAS AUTOPSY		
CERTIFICATION							PERFORMED?		
Ę	20a. ACCIDENT WAS U	INDERLYING 206 DES	CRIBE HOW INJURY OCCURRE	Enter nature of injury in F	ort I or Port II of item 1	8)			
183	20g. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)		, ,					
	20c. TIME OF INJURY		NJURY OCCURRED 20e PL	ACE OF INJURY (Home, form	20f. (City or town)	[Cour	nly) (Stote)		
MEDICAL	Hour o.m.	While	Not while for	lary, street, affice bldg , etc.)	(Coo.	.,,, (3.0.0,		
×	p. m	01 100	Name Inc.	e ²⁷		200			
		I attended the deceas			- 2-4- 19	that I last	t saw the deceased		
	alive on 1/- 2	روا , ام	$J_{-,-}$, and that death	accurred at 6	Mafrom the cou	ses and an the	date stated above.		
	0	1	41. 11	•	ADDRESS (Street, city or	town, state)	DATE SIGNED		
	ACTUAL SIGNATURE	unco V.	March	M.D			11-24-0		
	PHYSICIAN'S	T 1	MARCH	100	1./45	n.	,		
	NAME (Type)	MES 11	I AKSIT	Mul	municip	1 n	/		
224	BURIAL CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, 1		(Stote)		
	BURTAL	11-27-59	Evergreen Me	morial Gard	en Carrol	1 County	, Md		
23.	FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	24o, REC'		REGISTRAR'S SIGNA	1 -		
Wi	ll am Cook	, Inc., 1217	St. Paul Stree	t DATE	NOV 2 5 '59	arthur S.	Traces		

VS A15 (4) 15M 9/SS



TMAG

		19491	CERTIFIC	AIE OF L	Reg. Dist. No.									
	1. PLACE OF DEATH d. COUNTY Carro	11	MARYLAND	II a STATE	ence (where		ceased lived. If institution: Residence before admission) b. COUNTY							
	b CITY OR TOWN (II	autside corporate limits, write	c. LENGTH OF STAY IN 15	GTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	(B. RISH ond give ne	esville	4mo 11day	4mo 11day B.1timore 13, 3Vo; 4										
	d NAME OF HOSPIT	AL (If not in hospital, give street	oddress)	d. STREET A	DDRESS					RESIDENCE N A FARM?				
)		offield State		353	1 Lynd	ale Ave				NO IN				
	3. NAME OF	First	Middle	les		. DATE	Mon	h	Doy	Yeor				
	(Type or print)	H enry	Joseph	Fleiso	hman	OF DEATH	1.3		1	19 59				
	5. SEX	6. COLOR OR RACE 7. MAR	RIED MEVER MARRIED	8 DATE OF BIRTH	16/11.	/9/1 9 AC			YEAR IF U	NDER 24 HRS.				
	male	white woow		- I ALAMASON O / LLL / YLL IOILIBITINGOY) I MA										
	10g. USHAL OCCUPATIO	IN (Give kind of work done 10b. ing life, even if retired)				foreign country Balt:			S.A.	HAT COUNTR				
	13. FATHER'S NAME	10	.S.Governme					0.	O.M.					
_		leischman		14. MOTHER'S	_	ω. Ge∶	0.5							
	\			1	anem.	GO.								
		If you many not always of condent	social security no. 17.	Hospital	Recor	ds Spri	Addr nșfiel		te Ho	spital				
	18. CAUSE OF DEA	TH [Enter only one cause per li	ine for (a), (b), and (c).]						INTERVAL	BETWEEN				
		TH WAS CAUSED BY: Cer	ebral embolis	m					TTC1	ND DEATH				
	o 23X	DUE TO							more	than				
	Conditions, if ar	ny, which) Syp				l yr.								
	gave rise to in cause (a), stating t								more	than				
	lying cause last.	(c) Hy	pertensive ca	rdiovascu	Jar di	sease			5 ye	ars.				
	Chronic brashlis	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO	THE TERMINA	AL DISEASE CON	IDITION GIV	EN IN PART	1(a) 19 W	AS AUTOPSY				
-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Syphilis, meningoencephalitic with psychotic reaction. YES (3) NO []													
	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCUR	RED (Enter nature a	f injury in Par	t I ar Part II of	item 18.)							
		MEDICAL EXAMINER)												
	20c. TIME OF INJURY			PLACE OF INJURY (I	Home, farm,	20f (City or to	wn)	(C	ounty)	(Stole)				
	Hour o.m.	19 While at war	rk Of work	ocioty, sirees, extra	Diagr, ent.)									
	21. I certify the	at I attended the deceas	ed from Octobe	r 20 19 59	ta Jov	- 4	10 59	that I I	ost saw t	he decease				
	alive an No	v. 4	1 50	th accurred al	2:25 p	M from the	COURSE O	nd an th	e date of	ated abou				
		· Latto				DRESS (Street, o			77 1.	OATE SIGNE				
	ACTUAL SIGNATURE	talesm	n1.1	M.D.					TT 17-	27				
1		.71 72 24	1111						*******					
	PHYSICIAN'S W	alter Knopp, M	.D.											
	22a. BURIAL, CREMATIOI	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22	d. LOCATION	(City, tawn, a	r county)	C	State)				
	REMBYALISTE'T	11/7/59	Gardens of	f Faith		Baltin								
	23. FUNERAL DIRECTORS	Schimunek F	ADDRESS Home			BY REGISTRAR			NATURE					
	TTT TREAT	ms Lane	MIGI. ST TADING	DATENOV 6 '59					59 Critury & House					

may be retain if the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tunipage 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OF VS A15 (4) 15M 10/57

funeral director, and be filed with

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r death Page 4



VS A15 (4) 15M 9/5B

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led-with	W)

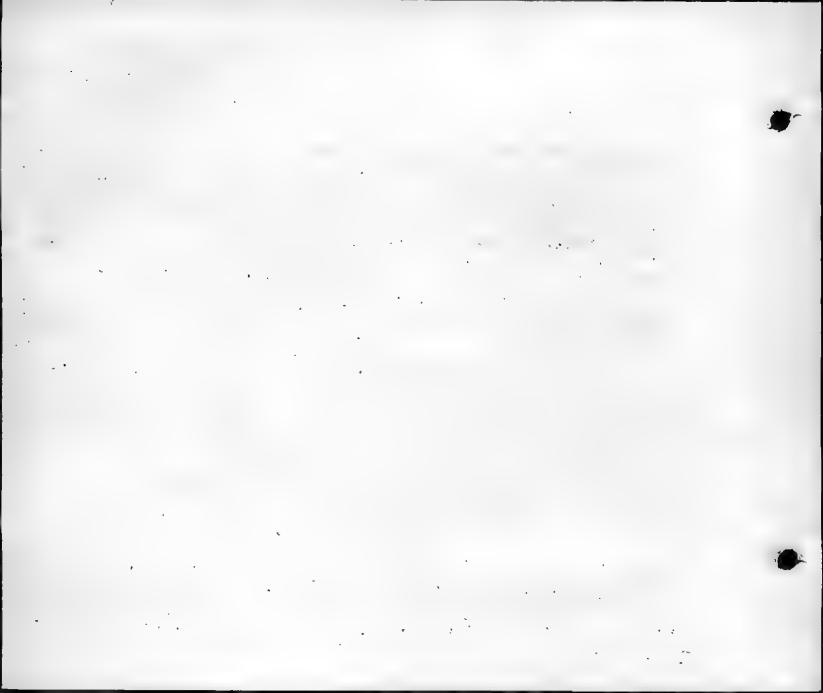
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12422

CERTIFICATE OF DEATH

12408

- 1												
	1. PLACE OF DEATH O COUNTY Carriel ! MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. STATE THAT THE COUNTY (A TOWN)										
	b. CITY OR TOWN (If outside corporate limits, write RYRAL and give nearest lown)	c. CITY OR TOWN (If outlide corporate limits, write RURAL and give nearest town)										
	d NAME OF HOSPITAL (If not in hospitol give street oddress) OR INSTITUTION	d. STREET ADDRESS o IS RESIDENCE ON A FARM? YES NO										
	3. NAME OF DECEASED (Type or print) First LE V Middle T - T -	Ferrester 4 DATE Month Day Year OF DEATH , VOV 13 1957										
	MIDOWED DIVORCED	B. DATE OF BIRTH 2-16-1889 9. AGE (In years lost birthdoy) 70 yrs IF UNDER 1 YEAR IF UNDER 24 HRS										
)	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU- during mast of working life, even if retired) Little operator Bulto Trauso	to Virginia Wis. a.										
	Philmore Honester	avalella Headley.										
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yet gave war or dates of services) 13-10-1488	Wollson Foreste-Maushester Wid										
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH										
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (At on a											
-	420.0 DUE TO	- 26. 4 D.										
	gove rise to immediate (b) the that a talk a talk a feet of the control of the co											
	cause (a), stating the <u>under-</u>	*/										
1	lying cause last.) (c)											
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 39. WAS AUTOPSY PERFORMED?										
ı	5	YES NO										
	© OR CONTRIBUTING □ CAUSE OF DÉATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)										
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)										
	21. I certify that I attended the deceased from hit and											
	alive an 10 v 13 1957 /and that death	accurred at / 1521M, from the causes and an the date stated above.										
1	1 1 - 1	ADDRESS (Street, city or fown, state) DATE SIGNED										
	SIGNATURE WITH TOWARD	M.D. 925 , Mais I much. tr 11-1										
	PHYSICIAN'S WH FOITED AND	Mario ter, nd										
	220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY O SULLAR 11-16-59 BURIAL	R CREMATORY 22d. LOCATION (City, lown, or county). Islate) Helicetory Williamshelly Will										
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE										
	COUNTIPION HUMPSLEDD 1	DATE NOV 1 7 '59 Chilling & House										



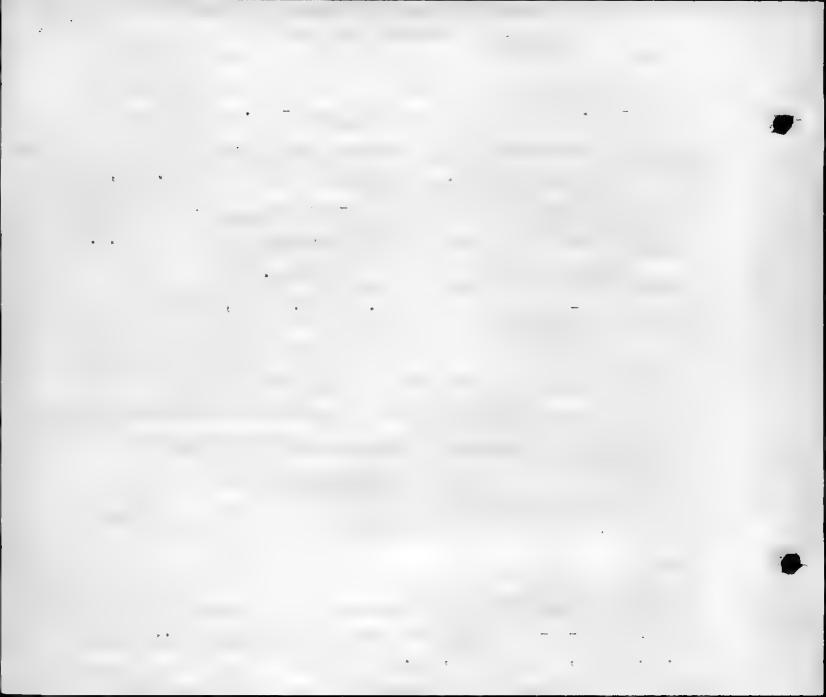
		ATE OF DEATH					Reg. Dist. No.								
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If in					If institutio	institution: Residence before admission)						
	o. COUNTY Cal	Carroll					o. STATE Maryland b. COUNTY Carroll								
	b. CITY OR TOWN (I	fautride corporate limi	Is, write	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	rural			Life		x ruralMt. Airy									
		At (If not in hospital, g	ive street	oddress)		10 5	STREET AD	DRESS Rt	27					ON A	FARM?
	3. NAME OF First Middle				11	Lost		4. DATE		Mont	Do	Day Year			
	(Type or print)	WILLI	AM	J.	FRAI	WKLI	N		OF DEATH		NOV	9.		19 59	
	5. SEX	6. COLOR OR RACE		IED NEVER A	MARRIED	B. DATE	OF BIRTH			9. AGE	(In years				ER 24 HRS.
	male	white	WIDOWE	DIV	ORCED	11	-25-	1867	7	9	urthdoy) yrs.	Months	Days	Hours	Min
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSIN	IESS OR INDU	STRY 11.	BIRTHPLA	CE (Stote o	or foreign c	country)		12. CI	TIZEN O	E WHAT	COUNTRY
	. 10 40	farmer	'	own			Mar	ylan	ıd				U.S		
	13. FATHER'S NAME					14. M	OTHER'S A	AAIDEN N	AME						
	1	Vathan Fr	ankl	in			Mart	ha E	. ??						
T.	15' WAS DECEASED EVE		CES? 16.		TY NO. 17.	NFORMA	NT				Addr	e 53			
1	no			one	M:	r. 0	lin	Fran	klin	l,	sam	8			
	18. CAUSE OF DEA	TH [Enter only one co	use per lie	ne for (o), (b), or	nd (c).]_	1 /	4 4	1							TWEEN
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, D	wire	DEL	ul	ile	HEA	esc c	an	-		7	ANU	B
i	4441	DUE TO		1			17	y		20,	1	- 1	1	-	
	Canditions, if o	Conditions, If ony, which) (b) Hyperteusion Christis wellerous me													
gove rise to immediate Cosse (a), stating the under:										10	10				
	lying couse lost.) (0)												
	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH BUT	NOT REL	ATED TO	THE TERMIN	VAL DISEAS	E COND	ITION GIVI	EN IN PAI	RT 1(o) 15		AUTOPSY DRMED?
9	2														NO 🔲
	PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJ	URY OCCURRE	D. (Enter	noture of	injury in P	ort I or Por	it II of its	em 18.)				
		MEDICAL EXAMINER)													
	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye		WURY OCCURRE	ED 20e. Pl	ACE OF I	NJURY (H	ome, form, bldg., etc.)	20f. (Cit	y or town	n)	(County)		(State)
	₩ p. m.	19	While of world	k ol while		,,		o.o.g., 0.0.,							
	21. I certify th	at I attended the	deceas	ed from C	-07-5	3.	1954	to H	1-1-	-9	. 19.5	Zthat I	last so	w the	deceased
	alive on C	11 23	12	5/2 and	that death	n accuri	red at_		M. frai	m the					ed abave
	0	50 11		777)	A		4	هر وسود			y or town,		0		ATE SIGNED
	ACTUAL SIGNATURE	mile	411	toul	<u></u>	M.D.	1	111	X Le	Us.	4.	141		11	-9-19
PHYSICIAN'S CM 1/2N POCK										0					
	220. BURIAL, CREMATIO	N. 22b. DATE THEREC	OF.	22c. NAME OF	F CEMETERY C	OR CREMA	TORY		22d. LOCA	TION (C	ity, tawn, o	r county)		(Sto	re)
	REMOVAL (Specify)	11-12-1	959	1	orsvi				Carı				lary	_	-
	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS					BY REGIS	TRAR	24b. REGIS		K		
	C. M. W	altz,	Wini	field,	Md.			DATE NOV	1 3 '5	9	Civil	ver &	the need		

may be retained the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by formeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with, the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 TO HOSPITAL OF VS A15 (4) 15M 9/55

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14.2	
	o. COUNTY Canall MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY Canall
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hungstead Rual 40 yws * Hambers Comments of Rural
*	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO (\(\sum \)
	3. NAME OF DECEASED (Type or print) DOSS - M-GARLAND 4. DATE OF DEATH NOW 10 1955
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 KR. WIDOWED DIVORCED Oct 30-1877 82 yrs. Windows Months Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work dane of the tired) The control of the seven if retired the seven is retired to seven if retired the seven is retired to seven in the seven is retired to seven in the seven is retired to seven in the seven in
/-	Charles W Lacland Surah Lucland
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (1/of no or uptrograp) (If you style of dollar of larvice) The John John Sprintle. Hampited Me
1	18. CAUSE OF DEATH [Enter only one cause per line far-(e); (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)
	177X DUE TO
	gave rise to immediate couse (a), stating the under- lying couse last. (b) UE TO (c)
1	PART II. OPHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSI PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of I fem 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a. m. While Not white at wark of wark of wark
	21. I certify that I attended the deceased from Och 1. 19.7, to MW 10 , 19.7, that I last saw the decease alive an Now 10 , 19.7, and that death accurred at 1.30 M, from the causes and an the date stated above
	ADDRESS (Street city or lown, state) DATE SIGNI
1	PHYSICIAN'S SECIET & BUS h. MD. STRUM PLESS II CAYSIN MONTH AND NAME (1760)
	22a. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY COUNTY) (State)
	23. EUNERAL DIRECTOR'S SIGNATURE HOLDERSS SIGNATURE HOLDERSS SIGNATURE DATE NOV 1 3 '59 Curing & trans

death. Page 4 Uneral director, TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by

TO HOSPITAL OF VS A15 (4) 15M 9/58



12411 Rea. Dist. No. n. 15 RESIDENCE ON A FARM? YES TO NO TO Day Year 194

INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

Days

Months

YES NO W

(State) (County)

21. I certify that tottended the deceased from from and that death accurred at 122 PM, from the causes and an the date stated above DATE SIGNED ADDRESS (Street, city or town,

ACTUAL SIGNATURE PHYSICIAN'S

22b

22c. NAME OF CEMETERY OR CREMATORY

(Stote)

NAME (Type) RIAL, CREMATION

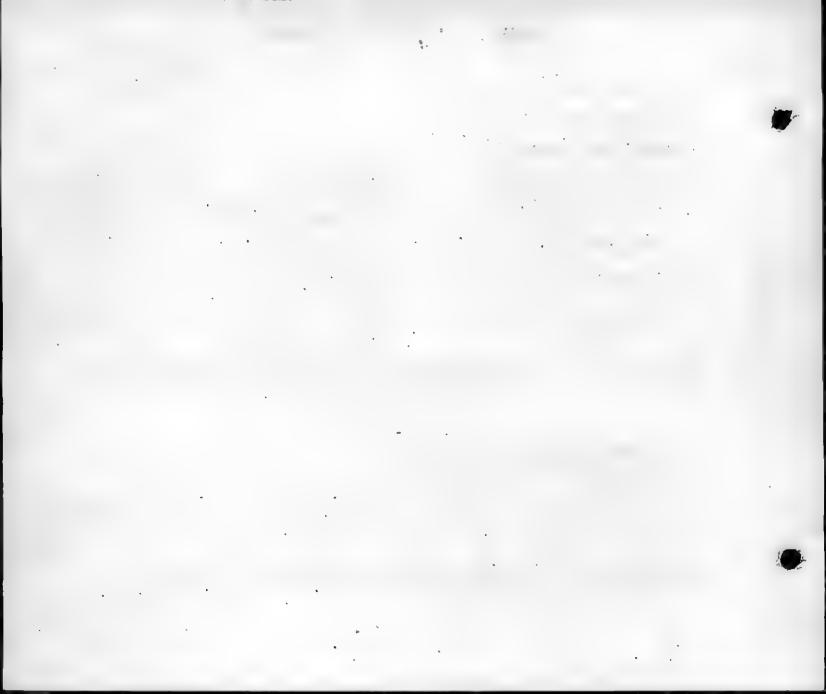
24g REC'D BY REGISTRAR NOV 1 7 '59

24b. REGISTRAR'S SIGNATURE Cuthun & Thomas

2 VS A15 (4) 1SM 9/SB

FUNERAL DIRECTOR:

70 shavi



1,2

VS A15 (4) 15M 10/57

12412

									Keg. Dist	. 140.
1. PLACE OF DEATH p. COUNTY				- 11	2 USUAL RESID	ENCE (Who	ere decease	lived If instit		e before admission)
Carro			MARYLA		Mar	vland			Fred	
 b. CITY OR TOWN (RURAL and give n 	If outside carparate limits, searest town)	write	c. LENGTH OF STAY IN	ч 1ь	c CITY OR T	OWN (If or	utside corpo	role limits, write	RURAL and gr	ve nearest town)
Sykesy			1 yr. 15 d	lay			ı, Mar	yland	1:X	*
OR INSTITUTION	IAL (If not in hospital, give	street o	ddress)		d. STREET A	DORESS				e. IS RESIDENCE ON A FARM?
Spring	Cield State	Hosp	ital							YES NO
3 NAME OF DECEASED	First		Middle		losi		4 DATE	N	lonih	Day Year
(Type or print)	Richar		Nevin		Gordo	1	OF DEATH		1	14 1959
5. SEX	6. COLOR OR RACE 7.	MARRI	ED NEVER MARRIED	B.	DATE OF BIRTH	1		9. AGE (In year last birthday	Months	YEAR IF UNDER 24 HRS.
male	11111111	IDOWE			4/11/	74		85 y		Days Hours Min.
10a. USUAL OCCUPATION during most of world	ON (Give kind of work don king life, even if reticed)	10b. I	GIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	ACE (State o	or foreign c	ountry)	12. CITI	ZEN OF WHAT COUNTRY
Farmer	(Retired)	I	arm Owner		Vira	rinia			1	USA
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME			
San Gar	don				Lvdf	a Rus	30			
1s. WAS DECEASED EVE	R IN U. S. ARMED FORCES		OCIAL SECURITY NO.	17, IN	ORMANT			A	ddress	
no	no	1	8-24-1484	S	pringfie	ald St	ate i	[ospita]	record	is
18 CAUSE OF DEA	ATH [Enter only one couse	per lin	e for (o), (b), and (c).]							INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Br	onchonneum	onia						ONSET AND DEATH
434.1	DUE TO		VII O I I O I I I I							
Conditions, if a	ny, which) (b)	Co	ngestive He	art.	Fai lure	<u> </u>				deres
gove rise to i	mmediate Court		11000110 110	7144 9	A School of School S	ć				
couse (a), stating lying couse last.	(c)_									
PART II. OTH	HER SIGNIFICANT CONDIT	IONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION (GIVEN IN PART	I(a) 19. WAS AUTOPSY
CBS ass	soc. with circusterosis w	tenj	atory distu	rba	ace with	cere	bral			PERFORMED?
200. ACCIDENT WA	AS UNDERLYING [] 201	b. DESC	RIBE HOW INJURY OCC	CURRED.	(Enter nature of	injury in P	ort I or Port	I II of item 18.)	-	
OR CONTRIBUTING	MEDICAL EXAMINER									
PART II. OTH CBS as: BTLATI 200. ACC. DENT W. OR CONTRIBUTING (IF EITHER, NOTIFY TO DESTRUCT OF INJUR HOUR OF INJUR HOUR OF INJUR P. m.	Y Month, Day, Year	20d. IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY IF	lome, form,	20f. (City	or town)	1Cc	ounty) (State)
Hour o.m.		While at work	Not while	focio	ory, street, office	bldg., etc.				(0.2.0)
			4/2	/59			77/1/	/50		
	at Lattended the de									ast saw the deceased
alive on		19	, and that d	leath (occurred at.					e date stated above
ACTUAL 9		,	10/00.				UNDAKESS (2)	reet, city or tow		Nov 1959
SIGNATURE	1 QUECARP	6	49111	M	.D				7.4	1/O/ T222
PHYSICIAN'S	Description M.		N D		CI2		1/			
NAME (Type)	Francesco M	a tare			Syker					
220. BURIAL, CREMATIC BIREMOYAL (Specify)	11-17-59		Frederick I			rk	Fred	CON (City, low)	or county)	(Stote)
23. FUNERAL DIRECTOR				raciii o	TTGT IC					
	hison & Son,	Fre	ADDRESS ederick Ma	rvla	nd	24a. REC'D	BY REGIST		GISTRAR'S SIGI Chun & Ki	
				0		DAME IV	n 54	(Land	LYDERT AL TUR	4.ACA





CEDTIFICATE OF DEATH

12414

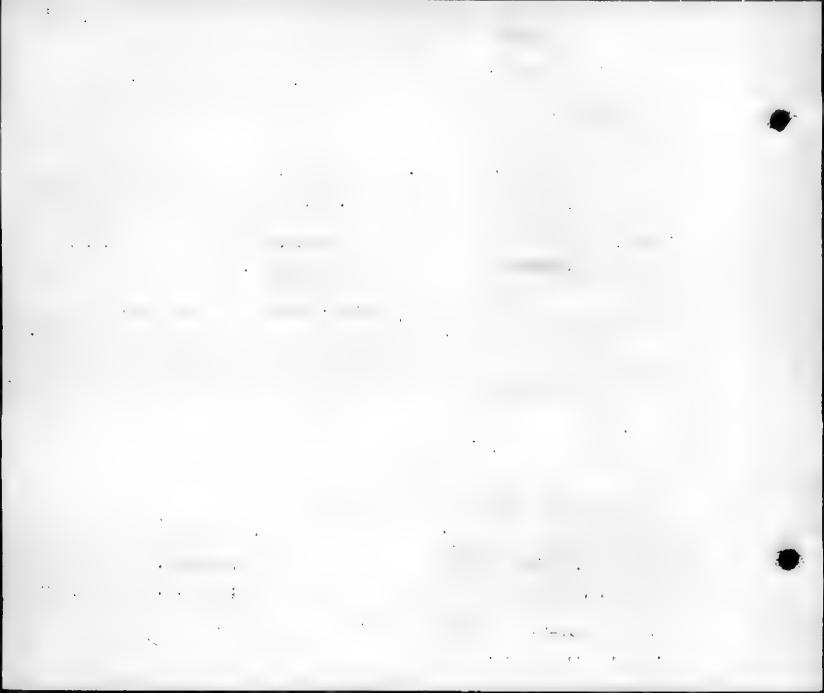
	12	428	CERTIFIC	ATE OF D	EATH			Reg. Dist.	_	たけまけ
1,	PLACE OF DEATH o. COUNTY Carroll	County	MARYLAND	2 USUAL RESID		re deceased live	d. If institution b COUNTY	-		odmission)
	b. CITY OR TOWN (If outside corporor RURAL and give nearest town) Hampstead		c. LENGTH OF STAY IN 16		DWN (If ou	tside corporate l	imits, write RU			
	d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION	ital, give street o	oddress) .	d. STREET AC	DRESS				- 1	S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)	illian	Middle M.	Gutri	idge	4. DATE OF DEATH	Novem		5 Day	Year 1959
5	FEMALE 6 COLOR OR F	WIDOWE	IED 🤼 NEVER MARRIED 🗍	Nov. 22		ر ا	GE (In years st birthdoy) 2 yrs		-	OUTS Min.
10	USUAL OCCUPATION (Give kind of during most of working life, even if r Housewife	wark dane 10b. etired)	KIND OF BUSINESS OR IND		CE (State o)		NOF W	HAT COUNTRY
13.	Henry E. Ke	hla		14. MOTHER'S /		L. Pri	etz			
3.5 YJ	WAS DECEASED EVER IN U. S. ARMEI m. no, or unknown) (If yes, give wor or do	FORCES? 16 S		INFORMANT	(ohls		Addre Hampst		Md	
	18. CAUSE OF DEATH [Enter only of	,	e far (a), (b), and (c).]			-	ii cun b o c	5 5144	INTERV	AND DEATH
	PART I. DEATH WAS CAUSED 8Y: Goronary Insufficiency 4/6 X DUE TO									
	Conditions, if any, which		eumatic Heart	Disease					2 у	rears
z	lying couse last. PART II OTHER SIGNIFICANT	(c)	ONTRIGITATION TO DEATH B	IT NOT BELLTED TO	THE TERMS	IN DISEASE SO	INTERNITORIA CARR	The Chempany	(-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MAS AUTORCY
ATIO.	Angina Pect		year	DI NOI RELATED TO	THE TERMS	AK DISEASE CO	ADTION GIVE	IN IN FARI	F	ERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	///	RIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in P	ort I ar Port II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m. p. m.	, Year 20d. IN While of work	Not while	PLACE OF INJURY (H foctory, street, office	ame, farm, bldg , etc.)	20f. (City or to	own)	(Co	unty)	(State
	21. I certify that I attended	the decease	ed fram _5/14/5		, ta.	11/5	19_59	hat I last	saw tl	he deceasec
	alive an 11/4/59	, 19	and the	***curred at_		Ar from the DDRESS (Street,			date st	ated above
	ACTUAL SIGNATURE M. B. OF	terfu	ul			Hampste	*	rorej	11	17/59
	PHYSICIAN'S M. C. Porte	rfield				Hampste	ead, Md.		11	L/7/59
22	o. 8URIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) BURIAL		22c. NAME OF CEMETERY Parkwood Ce		į.	22d. LOCATION 3310 Ta	(City, town, o	, ,		(State)
23	Wm. Cok. Inc., 1		ADDRESS Paul Stroot			8Y REGISTRAR / 1 0 '59		TRAR'S SIGN		

TO HOSPITAL OF IENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the nerol director, page 3 should be detached for use as the buriot-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremotian, or removal, and in ony event within 72 haurs offer death.

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VS ATS (4) ISM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12415

12405 CERTIFICATE OF DEATH

Reg. Dist. No.

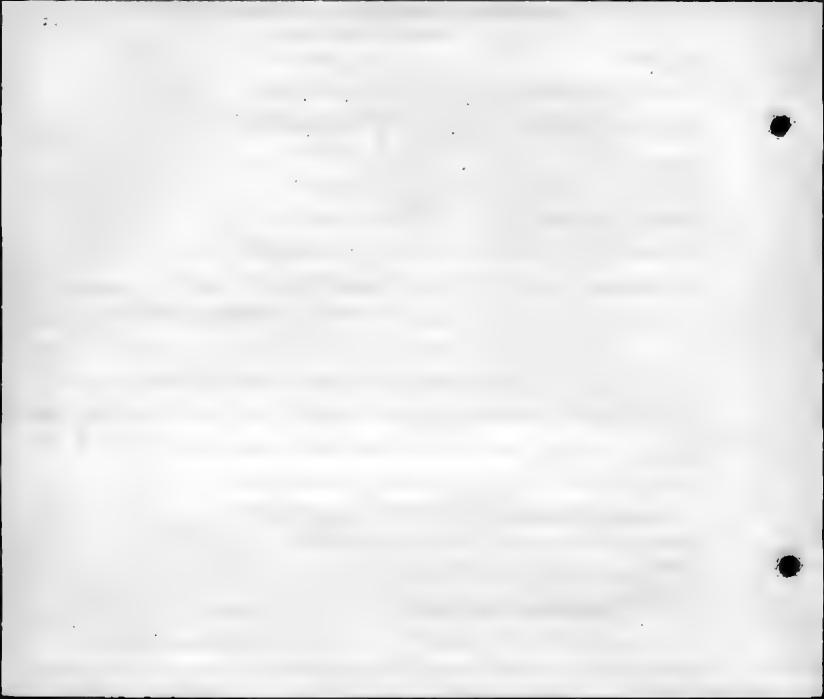
,	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 49 42.	c CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION () Sast Makes St.	d STREET ADDRESS 6. 15 RESIDENCE ON A FARM? YES NO [4]
	3 NAME OF DECEASED (Type or print) HENRY HIRSH HAR	Lost 4. DATE Month Day Year OF DEATH PROPERTY 18 19 54
1	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Gost birthday) 4 Months Days Haurs Min
4	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relied)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME The 12 May He Harland III	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes. no. or unknown) 1/5 / 1/3 - 1/3 - 1/3 - 1/5 / 5	MORMANT Altrend Motor to the
	18. CAUSE OF DEATH [Enter only one cause perdine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Oscheron Interval Between onset and Death,
	Conditions, if any, which gave rise to immediate covise (a), stating the underlying couse lost. Conditions, if any, which (b) DUE TO Young Couse lost. Conditions to immediate (covise (a), stating the underlying couse lost.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING COURT OR CONTRIBUTING CAUSE OF DEATH UR FITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO YES N
	3 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) sclory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 11/18 alive on 11/18, and that deat	1957, to 11418, 1957, that I last saw the deceased h accurred at 10,000 M, from the causes and an the date stated above.
	ACTUAL SIGNATURE ALLES I MANCH	ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED 1//9/19
	PHYSICIAN'S JAMES , MARS H 220- BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	QR CREMATORY 22d. LOCATION (City, town, or county) (State)
	REMOVAL (Specify) 11/21/57 Kreaux	c limeling hairal, whitewarter, my
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	246. REGISTRAR'S SIGNATURE DATE NOV 2 3 '59 246. REGISTRAR'S SIGNATURE Cultury & Timen

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by anneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page =

TO HOSPITAL OR

VS A1S (4) 15M 9/SS



F.

X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

19790

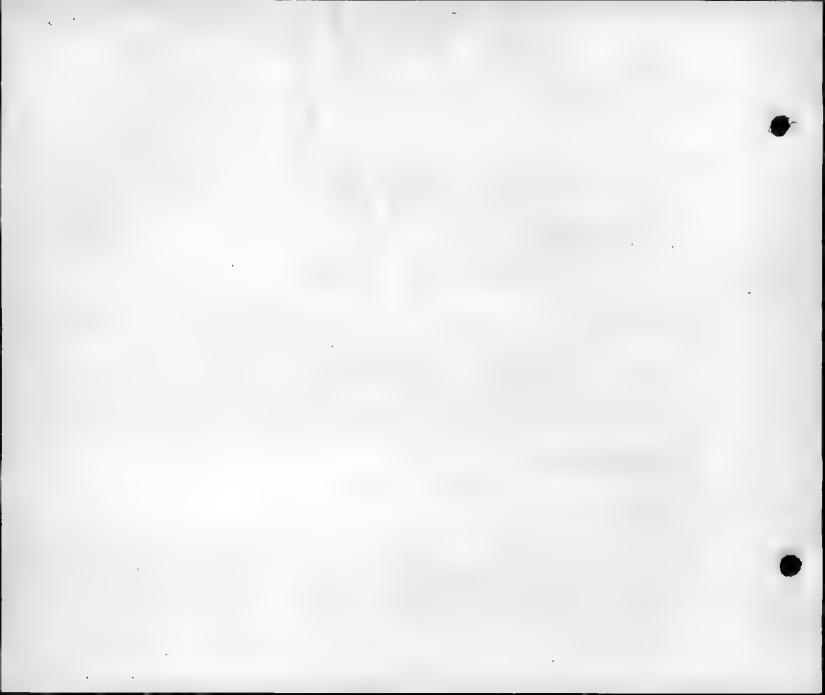
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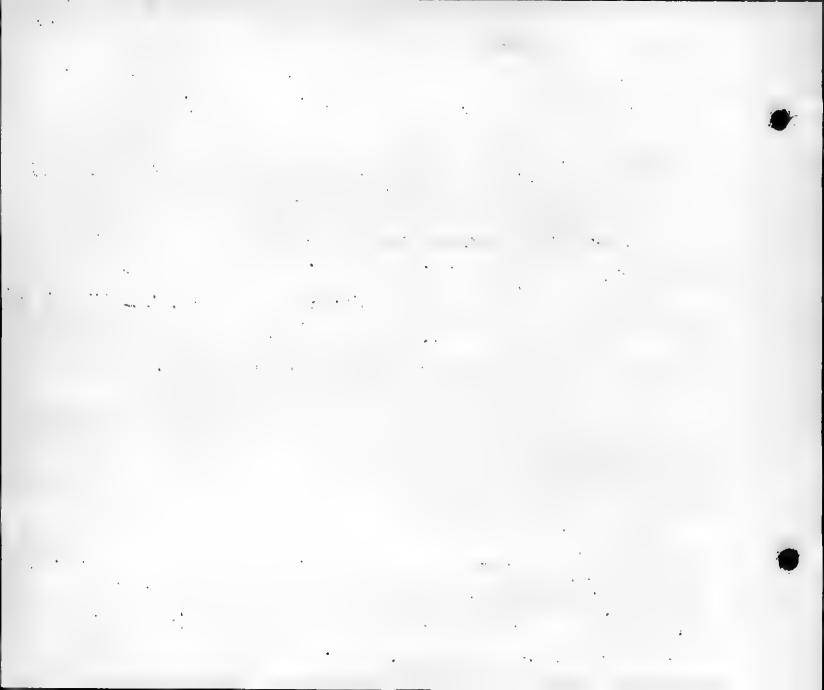
		50507	CERTIFICA	ALE OF DEATH	Reg. Dis	it. No.
		PLACE OF DEATH S. COUNTY PARTOLL	MARYLAND	2. USUAL RESIDENCE (Where dec	tensed lived. If institution Residence b. COUNTY	ce before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglect town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside a	sorporate limits, write RURAL and g	give nearest town)
		d. NAME OF MOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO SA
		NAME OF DECEASED (Type or print) CARRIE	ESTE LLE	HAWKINS DE	ATH MON,	Day Year 13 19-59
	5. 5	H. Yel WIDOWE	DIVORCED	8 PATE OF BIRTH	lost birthday) Months	Days Hours Min
	108	USUAL OCCUPATION (Give kind of work done) 10b, during most of working life, Even if retired)	MIND OF BUSINESS OR INDOS	mil.	ign country) 12. CITI	S. A.
1		FATHER'S NAME & Brown	distans.	14. MOTHER'S MAIDEN NAME	Carroll	•
Marie Control	15. (Yes	110	none M	Magas Hau	Land - Chaple	will, rul
		18. CAUSE OF DEATH [Enter only one couse per lin PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	e for (o), (b), and (c).]	romloris, arte	reselons	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	wolfed, an	teriorder de 1	and dence.	1955
	7	couse (o), stoting the under- lying couse lost.	fuliusion .			1454
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C				PERFORMED? YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Port 1 or		
	MEDICAL	How o. m. While	Not while for ot work	ACE OF INJURY (Home, farm, 20f. story, street, office bldg., etc.)	(City or town) (C	county) (Stote)
		21. I certify that 1 attended the decease of the on 13 700 195	-4	occurred of 3,00 PM,		ast saw the deceased ne dote stated obove
1		ACTUAL Howard E. A	Tall of	MD ADDRES	55 (Street, city or lown, state)	DATE SIGNED
J	-	PHYSIDIAN'S HOWAYD E	Habb_	SYKe.	Sville M	Pa
	L	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	uly e	OCATION (City, town, or county)	Mell.
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1	240. REC'D BY RE	,	GNATURÉ Karaka

may be retaine the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the charactery page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hauss after death. TO HOSPITAL OF VS A15 (4) 15M 10/57

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4





0 VS A15 (4) 15M 9/5B

PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (County) (Stote) 11 - 28 193 2 that I last saw the deceased _M, fram the causes and an the date stated obove. DATE SIGNED ADDRESS (Street, city or town, state) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) Burial Finksburg Cemeterv Finksburg 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE J.F.Eline & Sons Reisterstown, Cirthur & Krous DATE DEC 1

Carroll

IF JNDER 1 YEAR IF UNDER 24 HRS

USA

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Months

Finksburg,

n. IS RESIDENCE

ON A FARM?

YES NO TO

Year

19



0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12419

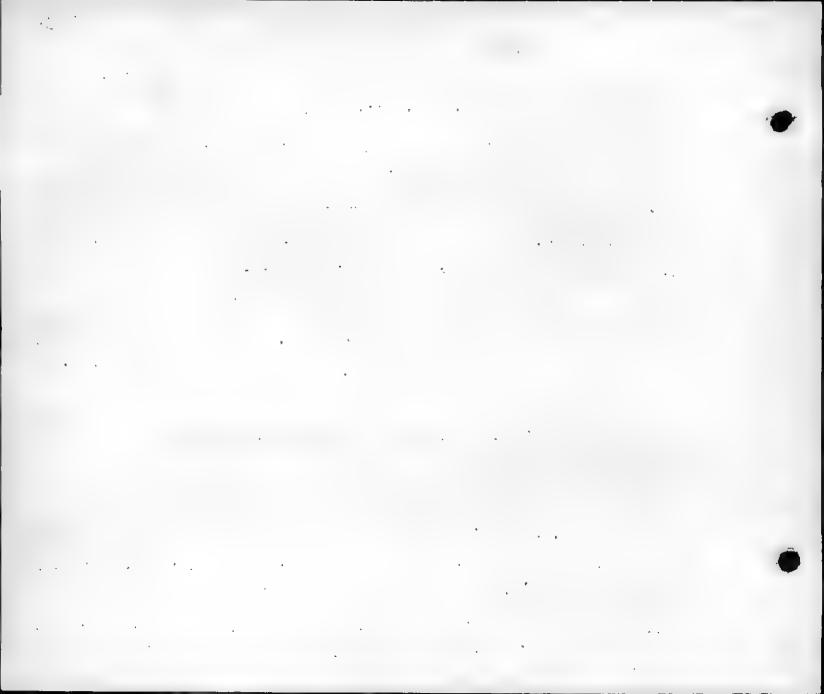
CERTIFICATE OF DEATH

	-	
 Philips	A1	

		1 24:	12						Keg. Dist.	. No.
1. PLACE (OF DEATH NTY Carr	oll		MARYLAND	2	USUAL RESIDENCE (When STATE Haryland	ere deceased	b. COUNTY	. Residence	before admission)
b. CITY	OR TOWN (If	autside carparate limits, w	rite c. LENGTH	OF STAY IN 1b	+	c CITY OR TOWN (If ou	utside carpon	ate limits, write RU	RAL and go	re negrest tawn)
RURA	ykesvi	lle		mo. 3	da.	Baltimore			ر ي	
d. NAM	LE OF HOSPITA	AL (If nat in hospital, give s	treet address)		\parallel	d. STREET ADDRESS			-	e IS RESIDENCE ON A FARM?
Sp	ringfi	eld State Ho	spital			3625 Columb	ia Dri	ve		YES NO
3. NAME (DECEAS (Type or	ED	Cyries	Dor	Middle otly Ke.	11n	Lost OT	4. DATE OF DEATH	November		Doy Year 10 19 59
5. SEX		6. COLOR OR RACE 7.	MARRIED NEVE	R MARRIED	B. D.	ATE OF BIRTH		4 1 1 1 1		YEAR IF UNDER 24 HRS
Fema	le	White ww	DOWED [DIVORCED 🔲	4	-20-08		51 yrs.	Months D	Pays Hours Min
10a. USUA during	L OCCUPATIO	N (Give kind of work dane ing life, even if retired)	10b. KIND OF 8U	SINESS OR INDI	JSTRY	11 BIRTHPLACE (State of	or foreign co	untry)	12 CITIZE	EN OF WHAT COUNTRY?
Never	Gainf	ully Emp.				Maryland			U.	S.A.
13. FATHER	S NAME			,	14	, MOTHER'S MAIDEN N	AME			
Emm	anuel :	Kellner	مصعصم	energy.]	Mollie Kell	ner			
15 WAS D (Yes, no, or u		IN U.S. ARMED FORCES?				MANT		Addre		
No			Non	2	Spr	ingfield Sta	ate Ho	spital Re	cords	3
18. C	AUSE OF DEA	TH [Enter only one couse	per line far (a), (b),	and (c).]						INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	Neoplas	m in the	e I	ntestines.				2 months
1 123	OX	DUE TO								
Can	ditions, if an	ry, which) (b)	Ulcerat	ive Col:	iti	Sa				5 years
gave	rise to in	n mediate (
	cause (a), stating the under-									
Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
NO Ch	ronic	Brain Syndron	ne associ	ated wi	bh i	Convulsive S	Seigur	es		YES NO
20g A OR CO (IF EIT	CCIDENT WADNIRIBUTING	S JNDERLYING [] 20b [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW I	NJURY OCCURR	ED (E	nter nature of injury in P	art I ar Port	fl of item 18.)		
₹ 20c. Ti	ME OF INJURY	Manth, Day, Year	20d INJURY OCCU			OF INJURY (Hame, farm,		or tawn)	(Ca	unty) (State)
20c. Ti	Hour o.m.		Vhile Nat whit wark ☐ at wark	1167	actory,	street, affice bldg., etc.)) [
		at I attended the de				10 EE to Nov	ramb as	70 10 CON	hat I Isa	Sanu the Jesessel
	1 011 130 V	The state of the s	12_22, ai	ia mai deai	n oc			rne causes and reet, city or tawn, si		date stated above.
ACTU		LIMA	M. AM							3 30 30d
SIGNA	TURE	1 1/4	176144		_M.D.	<u> Sykesvi</u>	1169 1	acy tano	Noven	ber 10, 195
PHYSI NAME	CIAN'S (Type)	Ilse Kamm, M.	.D.			Springf	ield S	tate Hosp	ital	
	L, CREMATION	N, 22b. DATE THEREOF	22c NAME	OF CEMETERY	OR CR	EMATORY O	22d. LOCAT	ION (City, Jown, ar		(State)
100	mal	11/12-191	1 Ud	as sis	20	es cem	0	asmi	40	
23 FUNER	AN DIRECTOR'S	S SIGNATURE	And a ADDRE	ma 421	19		BY REGISTI		/	
20	Tor o	7		,, -	-	DATELOV	1 3 '55	Cirth	w & to	early G

TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave parea pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayol, and in any event within 72 hours after death. VS A15 (4) 15M 9/58



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Rea. Dist. No.

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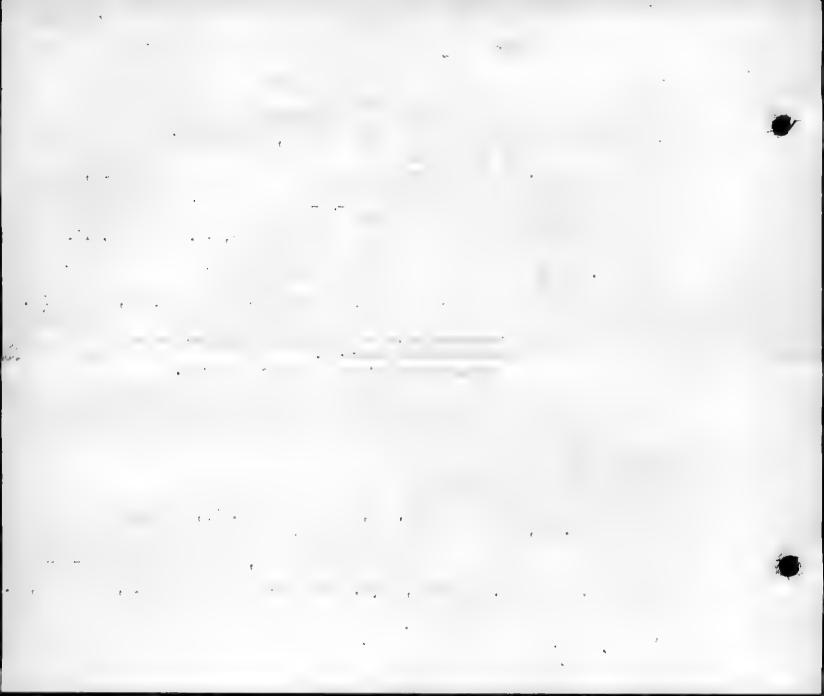
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attendi ρ gned RAL DIRECTOR: / prid registrar

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admissron) · COUNTY a STATE b. COUNTY MARYLAND Carroll Maryland Montgomery b. C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Henryton 2 davs Spencerville d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION
Henryton State Hospital ON A FARM? Box 6. Batson Road YES NO NAME OF Middle 4. DATE Month Yeor DECEASED 11 27. 1959 Theodore DEATH (Type or print) Samuel Kellv IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years los birthday) Months Dovs Hours 6-27-1890 Male Negro WIDOWED M DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Spencerville, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nelson E. Kelly Selena Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO INFORMANT Address Eleanor Smith - Niece Box 6. Batson Rd. Unknown No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Cerebrovascular accident due to hypertensive DUE TO cardiovascular disease. Undiagnosed minimal pulmonary disease. Conditions, if ony, which gave rise to immediate DIK TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119 WAS AUTOPSY PERFORMED? Cl YES TO NO TO 20d. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) o. m. While Not while at work \square at work Nov. 27, 19 5 That I last saw the deceased Nov. 25, 19 59 to 21. I certify that I attended the deceased from.... Nov. 27 and that death accurred at 5:00 AM, from the causes and an the date stated above. alive on DATE SIGNED ADDRESS (Street, city or town, stote) 16 dagare ACTUAL SIGNATURE 11-27-59 Henryton, Maryland PHYSICIAN'S Edgars M. Maculans, Supt. Henryton State Hospital, Henryton, Md. NAME (Type) 220. BURIA TREMATION 226 DATE THEREOF LOCATION (City, town, or county 22c NAME OF CEMETERY OR CREMATORY (Stote) REMORAL (Specify)/ ADD RESS 24b. REGISTRAR'S SIGNATURE 23. PUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY DATE NOV 3 0 '59 Cathan S. Haus



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arthur of Hears

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) Mary Land b. COUNTY MARYLAND Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Baltimore 5yr 2mo luda Haryland Sykesville, d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Springiald State Hospital Fleet St. ON A FARM? YES NO NAME OF Middle 1 mst 4. DATE Month Yeor Day DECEASED DEATH (Type or print) Benedict Thomas Krug 11 72 1959 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TH IF UNDER LYEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days 10-23-92 Hours WIDOWED [DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoke or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryl and U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frederick Krug Madelene Gast 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address aknown Hospital Records 18 CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN PART DEATH WAS CAUSED BY: Niyocardial Infarction ONSET AND DEATH THIS Dre Tan DUE TO Generalized arteriosclerosis 10 ms. Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Mental deficiency, undillerentiated. PERFORMED? YES THE NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port E or Part II of Item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) Hour o. m. Not while at work at work 11+12-1959 that I last saw the deceased Aug. 1955 19 21. I certify that I attended the deceased from..... and that death accurred 31:30 M, from the causes and an the date stated above. ADDRESS (Street, city or fown, stotal) ACTUAL SIGNATURE Springfield State Hospital PHYSICIAN'S Walter Knopp, NAME (Type) Sykesville, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Holv Redeemer Baltimore, Md. Nov. 16. 1959 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Dundalk Ave. Ullrich Funeral Home 211 DATEYOV 1 7 '59

l director. Filed with by <u>.</u>E Filled ges 1 Pap. and report physicion c emove carb haurs after 60 a ed by certificate has been si e as the burial-transit may be retained.

> FUNERAL DIRECTOR: A page 3 should be detach. 0

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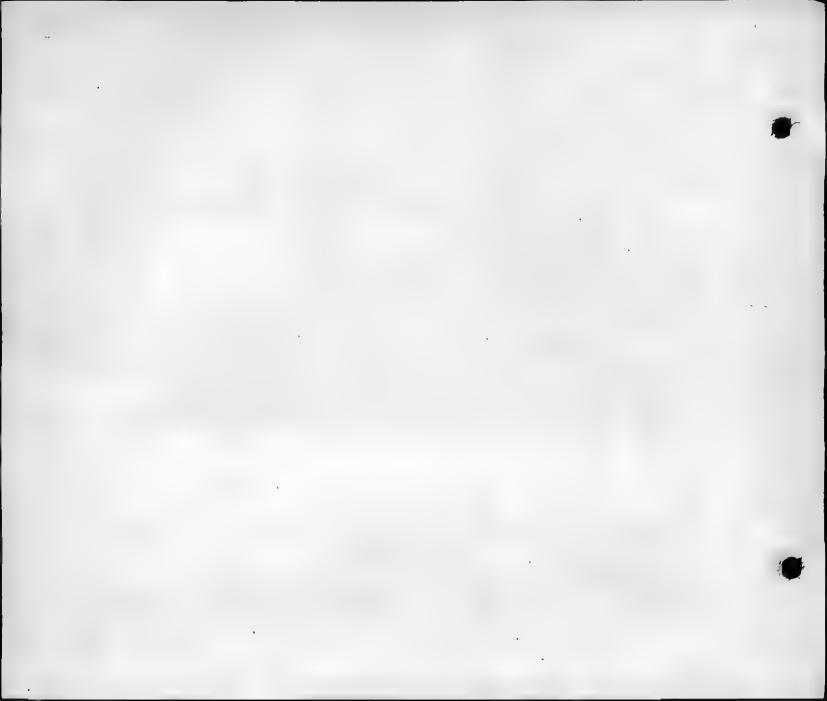
VS A15 (4) 15M 10/57 12421

12434 CERTIFICATE OF DEATH

Reg. Dist. No.

			Keg. Dist.	. 140.
1. PLACE OF DEATH o. COUNTY AMARAM	MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, RURA) and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give	re nearest tawn)
OR MISTITUTION OR MISTITUTION	street address)	d STREET ADDRESS	H,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHAYLES	A, Middle	OH45	November !	Doy Year 10 19-59
male after "	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1887	last birthday) Manths D	YEAR IF UNDER 24 HRS loys Hours Min
100 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	U.S. Navy	STRY (1. BIRTHPLACE (State or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY?
Viarles 20	fels.	14. MOTHER'S MAIDEN NAME MILLSONIF U	hittman	
15. WAS DECEASED EVER IN U. S. ARMED FORCE IT'es. no. or unhaque) I'll yes, give wer or dates of servi	5? 16. SOCIAL SECURITY NO. 17	er Minnie Hopela.	- dukenvik	Le. med
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (of. (b), and (c).] ARTERTOLAR NEPHRO	SCLEROSIS, MALIGNA	NT	INTERVAL BETWEEN ONSET AND DEATH
	HYPERTENSIVE CARI	IOVASCULAR DISEASE		10 yrs.
	ARTERIOSCLEROTIC			10 yrs.
The state of the s		I NOT RELATED TO THE TERMINAL DISEA		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Port I or Pa	•	
20c. TIME OF INJURY Manth, Doy, Year Haur o. m. 19	20d INJURY OCCURRED 20e. Pl While Nat while fo of work at work	ACE OF INJURY (Home, farm, 20f. (Cit ctory, street, affice bldg., etc.)	y or tawn) (Co	unty) (State)
21. I certify that I attended the d		19 to Nov. 10 accurred at 4:15 Am, fra	m the causes and an the	st saw the deceased date stated abave.
ACTUAL SIGNATURE	val.	ADDRESS (S	ireer, city or town, stole) Road at Elderst	DATE SIGNED
PHYSICIAN'S WITH H. LAWSO	n, Jr., M.D.	Sykes vil	le-2, Maryland	
220 BURIAL, CREMATION, SEMOVAL (Specify) 11-12-5	7 C. NAME OF CEMETERY C	11	Florible P	(State)
23 FUNERAL DIRECTOR'S SIGNATURE	Agreemble n	240. REC'D'BY REGAL DATE NOV 1	TRAR 24b. REGISTRAR'S SIGN	





Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse lost</u> .	DUE
Acute brain syn Steroid medicati	NI C

o. m.

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

1. PLACE OF DEATH

o. COUNTY

NAME OF DECEASED

5. SEX

Male

No

CERTIFICATION

(Type or print)

13. FATHER'S NAME

Laborer

____, and that death occurred at 7:20P_M, from the causes and an the date stated above. Cunko

Agustin delCampo. M.D.

M.D. Springfield State Hospital

21. I certify that I attended the deceased from October 27, 1958, to November 19, 1959, that I last sow the deceased

DATE SIGNED

220. BURIAL CREMATION. **BEMOVAL** (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, fown, or county)

ADDRESS (Street, city or town, state)

5305 Hartord Rd.

Sykesville, Md.

24b REGISTRAR'S SIGNATURE

9 VS A15 (4) 15M 10/57

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physician and c emave carbon p



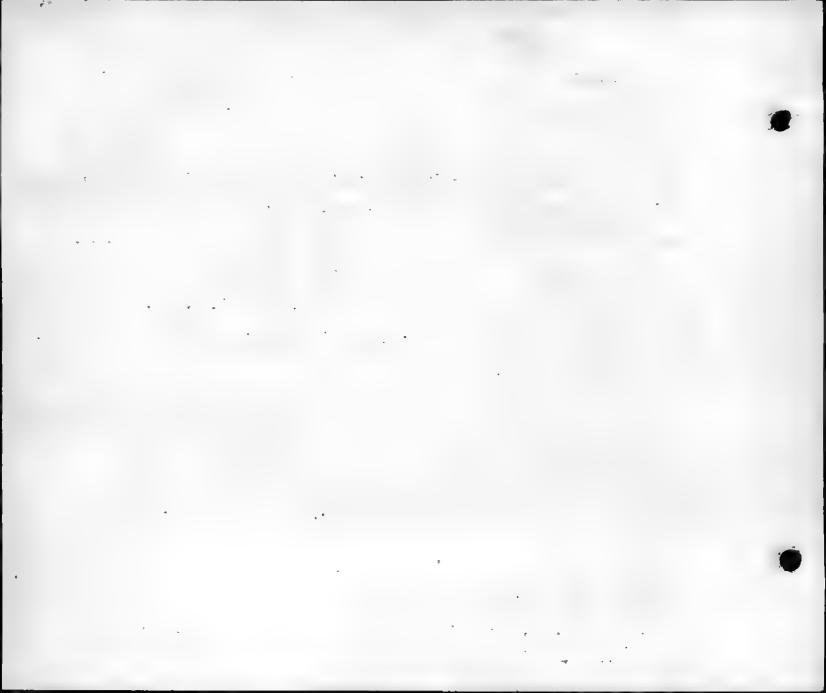
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ī	. PLACE OF DEATH				2	USUAL RESIDENCE (W	here decease			e before adr	mission)	
ı	o. COUNTY	roll		MARYLAN	4D	d. STATE	and	b. COUNTY	Carro	11		
T		f outside carporate tim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside corpo	prote limits write R	URAL and gi	ve nearest t	own)	
L	Rural Ta					Rural	Tane	ytown				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	jive street	address)		d. STREET ADDRESS				Ol	RESIDENCE N A FARM?	
3	NAME OF	Fi	31	Middle		Last	4. DATE OF	Man	th	Day	Year	
	(Type or print)	Luth	er	David		Mehring	DEATH	Novemb	er	10,	1959	
9	s. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B. 1	DATE OF BIRTH	-	9, AGE (In years last birthday)			NDER 24 HRS	
	Male	White	WIDOW	-		une 18, 188		72 yrs.		Days Hou		
1	Oa. USUAL OCCUPATION during most of work	ON (Give kind of work ling life, even if retired	done 10b.	KIND OF BUSINESS OR 18	NDU STR'	11 BIRTHPLACE (State	or fareign o	ountry)	12. CITIZ	EN OF WHA	AT COUNTRY?	
L	Farmer		<u> </u>			Maryland			U	S.A.		
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
1	Luther F	7. Mehring					ndolla	ır				
Ì	6. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
Ł					Dr.	Percy Mehr	ing, F	hila., P.	a.			
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]		0/	/	r			BETWEEN	
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH MEDIATE CAUSE (9) DATON AND BEATH											
	LL 1./ DUE TO											
1	Conditions, if ony, which) (b) Wiley, Allery, Allery										7_	
1	gove rise to it	mmediate (DUE TO		The state of the s	/	half of hardys						
	lying cause lost.	the under-										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?											
	\$										NO [
	20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) [OR CONTRIBUTING [] CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER]											
		Y Month, Day, Ye	or 20d, I	NJURY OCCURRED 20	e PLACE	OF INJURY (Home form	n, 20f (Cit	y or town)	(C	ounty)	(Stole	
	20c. TIME OF INJUR Hour a.m.	19	While of wor	Not while	foctor	y, street, office bldg., etc	=-) [,	• •		
1		ot I ottended the		(7	. /	2, 19.59, to 1	1-11	1955	That I In	t roughth.	n decease	
		of Toffended ine	10 A	77				,				
	alive on			7Cana that as	orn o	ccurred at		tne couses on treet, gity-pr lown,			tea obove DATE SIGNEI	
	ACTUAL		ンス	Lean		11.	1	130	0	222	11-17-	
	SIGNATURE			19	M.E)	C	12/00	7-5/1	-12-0-	11-16-	
	PHYSICIAN'S NAME (Type)	T.H.L	E. G	9 //								
7	20. BURIAL, CREMATIO	N, 22b. DATE THEREC	OF .	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town,	ar county)	(State)	
	REMOVAL (Specify)	Nov. 13	195	9 Lutheran	Cen	eterv	Tan	evtown. N	larvla	nd		
2	3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG			
	C.O.Fuss	& Son	Tane	vtown. Maryl	and	DATE	10V 1 3	59 0	when &	Trans		
-	. MANAGEMENT	Comment and the Auto-		the second state of the second								

TO HOSPITAL O TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or offending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the runeral director, page 3 should be detached for use as the burial-transit permit. The place remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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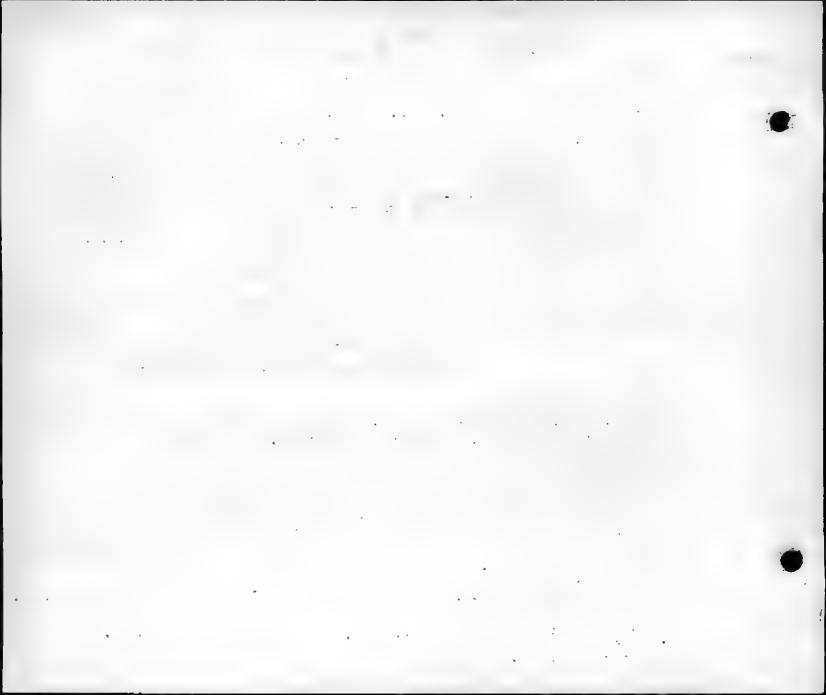


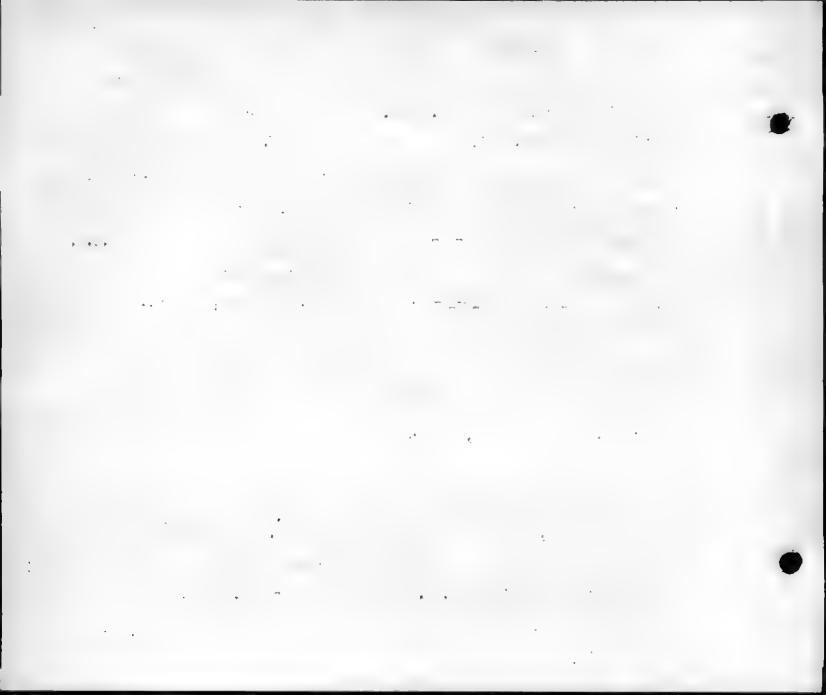
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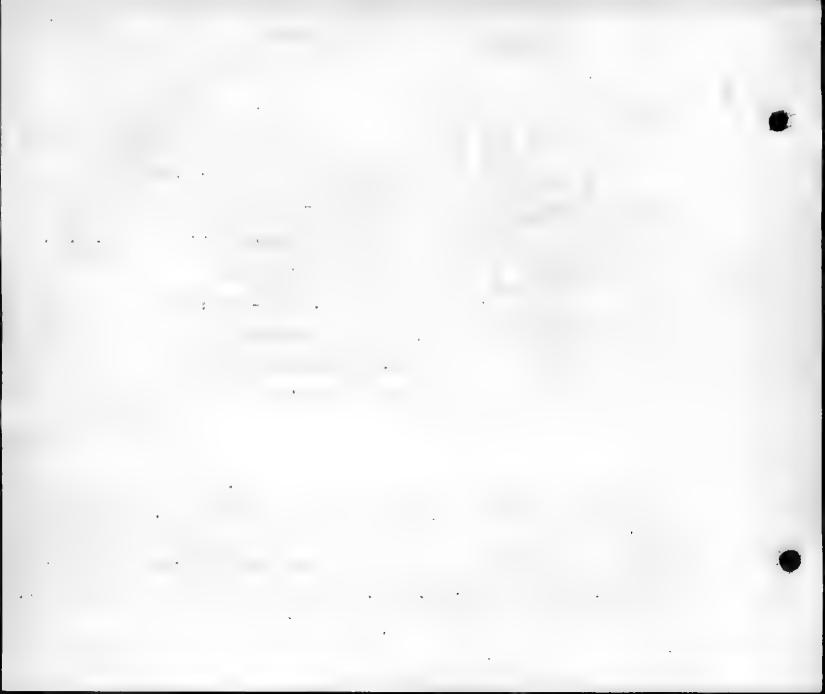
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MAKILAIND	21 A LE DEL WEIMEIM	OF HEALTH—BALTIMORE, 1	J €
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CERTIFICATE OF DEATH

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	194	41	CERTIFICA	ATE OF DEAT	П		Reg. Dist.	No.	
PLACE OF DEATH o. COUNTY	Carroll	74	MARYLAND	2. USUAL RESIDENCE (W	here deceased	d lived. If institution b. COUNTY	n: Residence	before odm	ission)
RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	Ph.			wn)
Henry 1	AL (If not in hospital, g	ive street		d. STREET ADDRESS	OTHO! 6		Y U ! -		ESIDENCE
OR INSTITUTION			e Hospital		sarah	Ann Str	eet	ON	A FARM?
J. NAME OF DECEASED (Type or print)	Fin Ma C		Middle B erni c	lost Moon	4. DATE OF	Month		Day 13	Year 19 59
i. SEX				B. DATE OF BIRTH			IF UNDER 1		,,
remale	Negro	WIDOW		12-27-193	2	9. AGE (In years lost birthday) 26 yrs		ays Hour	
USUAL OCCUPATION during mast of work None	ON (Give kind of work or ling life, even if retired)	ione 10b.	KIND OF BUSINESS OR INDUS			ountry) Maryland		NOFWHAT	
3. FATHER'S NAME				14. MOTHER'S MAIDEN		iluz j z uliu		0 8 10 9	73.0
	cay Moon				smith			•	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give wor or dates of se		SOCIAL SECURITY NO	WIID ROWNSWY		Addre	\$5		
No	jir yas, give wor oy ounas or s	2	18-28-6214 M	acie B. Moor	a - Pa	tient			
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)		scular insu				INTERVAL ONSET AN	
Conditions, if o gove rise to it couse (o), stating lying couse lost.	m mediote (Tuberculos		ltary			
PART II. OTH	IER SIGNIFICANT CON	DIT ONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIVE	N IN PART 1	PER	S AUTOPSY FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURRED	Enter nature of injury in	Part I or Part	t II af item 18.)		•	_
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	While	Not while foo	ACE OF INJURY (Home, for story, street, office bldg., et		or tawn)	(Cat	unty)	(Stote
alive an NOV	ember 13	, 12_	sed from August '59, and that death		DIA, fram		an the o	date state	
	dgars M	Ma	enlary	M.D. Henr	yton,	Maryland		11-	13-59
PHYSICIAN'S NAME (Type) 1)1			aculans, Supt	. Henryton					
REMOVAL (Specify)	11.19.3	5	DI. Of M. C.	nalong from	276. LOCA	TION (City, town, or	more	Mid	tate)
23. FUNERAL DIRECTOR	SEIGNATURE	all	The state of the s	2 Ag. REC	NUV Z 3		TRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

o. STATE Maryland

d. STREET ADDRESS

RUNGE

8. DATE OF BIRTH

Baltimore

November 23, 1879

Germany

6301 Clearsming Road

4. DATE

DEATH

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

2vrs.9mos.24davs

Middle

DIVORCED |

106 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)

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HERMAN

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED IX

12429 Rea, Dist. No.

a. IS RESIDENCE

19

Doys

U.S.A.

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO IX

Yeor

1959

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9 AGE (in years lost birthdoy) 83 yrs

b. COUNTY

Month

November

Months

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PLACE OF DEATH

Carroll

OR INSTITUTION

Salesman

(Type or print)

Male

b. CITY OR TOWN (If outside corporate limits, write

d NAME OF HOSPITAL (If not in hospital, give street address)

White

during most of working life, even if retired)

Springfield State Hospital

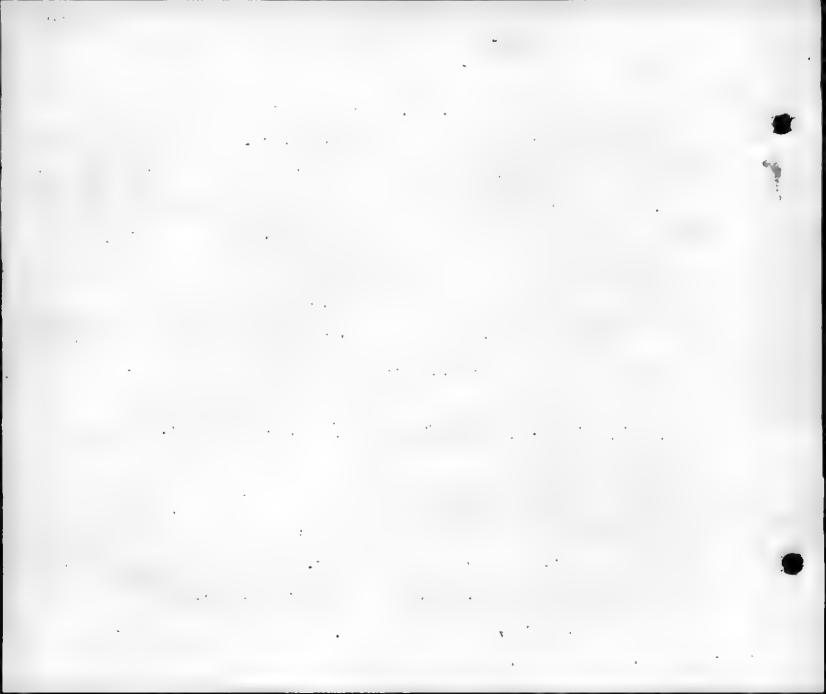
RURAL and give nearest lown) Sykesville

25 2 and Sar physician mave (haurs attending p dse

FUNERAL DIRECTOR: oge 3 should be detact

13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Runge Beatha (last name unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) Records. Springfield State Hospital CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Arteriosclerotic heart disease Years 420.0 DUE TO Generalized arteriosclerosis Conditions, if ony, which Years gove rise to immediate DUE TO couse (a), stating the underlying couse lost. Chronic brain syndrome associated with circulatory disturbance, with performed cerebral arteriosclerosis, with psychotic reaction 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg , etc.) Not while ot work of work 21. I certify that I attended the deceased from January 25, 1957, to November 19, 1959, that I last saw the deceased glive on November 19 , and that death accurred at 2:45 PM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE. Springfield State Hospital PHYSICIAN'S Agustin del Campo. M. Sykesville, Maryland NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jewn, Or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE NOV 2 4 59 Moran DATE

0 VS A15 (4)



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TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12444

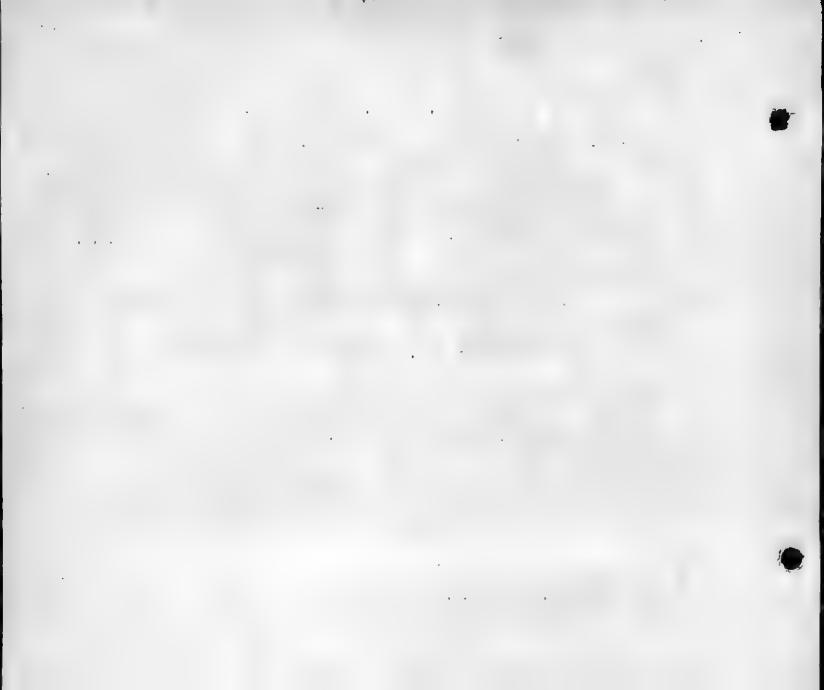
CERTIFICATE OF DEATH

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		*~~ =	11		LEKTIFIC	AII	E OF DEAT	П		Reg. Dis	t. No.		
1.	PLACE OF DEATH						USUAL RESIDENCE (V	Where deceased			te before	e admiss	ion)
	o. COUNTY Ca:	rroll			MARYLAND		o. STATE	ryland	b. COUNTY	Balt	o.C:	ity	. 1
	b CITY OR TOWN (IF	outside corporate lim	is, write	c LENGTH	OF STAY IN 16		c. CITY OR TOWN (II	-	rate limits, write R	URAL ond g	јіче пеаг	rest lown	1)
	RURAL ond give nec Sykesville	orest town)			s.28days	3	Baltimo	ore 18	6	21.1	-1	,	
	d. NAME OF HOSPITA	AL (If not in haspital, (ive street	address)			d. STREET ADDRESS				e	. IS RES	IDENCE FARM?
L	Springfiel	d State Ho	spita	a 1			3803 E	dnor Ro	ad				NO 🔀
3.	NAME OF DECEASED	Fî	sl		Middle		Last	4. DATE OF	Man		Day		Year
	(Type or print)	Kat	herir	10	O * Conr	or	Rytina	DEATH	Novem	oer	12,	1	1959
5.	SEX	6. COLOR OR RACE	7 MARI	RIED NEV	ER MARRIED 🗌		ATE OF BIRTH		9 AGE (In years law_birthday)	Months		-	T
L	Female	White	WIDOW		DIVORCED		wember 24,	1880	78 yrs.	MORINS	Days	Hours	Min,
10	 USJAL OCCUPATION during most of working 	N (Give kind of working life, even if retired	dane 10b.	KIND OF BU	JSINESS OR IND	USTRY	,		ountry)		-	_	OUNTRY?
L	Housewife				-		Maryland	Ĭ		Į	J.S.	A	
13	FATHER'S NAME					14	. MOTHER'S MAIDEN	NAME					
X	Roger O'C	onnor					Ann Flyn	nn					
1	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	URITY NO	INFO	RMANT		Add	ress			
У	No		ar vice;	-		Spi	ringfield H	Hospita	1 Record	5			
	18. CAUSE OF DEAT	TH [Enter only one co	iuse per l'i	ne for (a), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I DEAT	H WAS CAUSED BY.	. 1	Bronch	opneumor	าว์ล					1000	AND	DEATH
П	422,1			<u> </u>	<u> </u>							-	
	Canditions, if on			Arteri	osclero	tic	cardiovas	cular d	isease		Y	ears	
	gove rise to im	mediate Due To	,		000000								
	lying couse last.	ne <u>under-</u>)(Genera	lized a	rtei	rioscleros	is			Y	ears	\$
Z	PART II. OTHI	ers gnificant con	DIT ONS	CONTR BUTA	NG TO DEATH B	JT NO	RELATED TO THE TER	MINAL DISEASE	CONDIONG	EN IN PART	1(0) 19	WAS A	AJTOPSY RMED?
Z Z	U.B.S.83	soc.with s	enil	e orai	n alseas	se v	nich psych	oric re	action.			YES	NO 🔼
CERTIFICATION	20g ACCIDENT WAS	UNDERLYING	20b DES	CRIBE HOW	INJURY OCCUR	RED. (E	nter noture of injury a	n Port I or Port	t II of item 18)		-		
	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INJURY	Month, Day, Ye		NJURY OCC		PLACE	OF INJURY (Home, fo	rm, 20f (City	or town)	(C	ounty)		(Stole)
MED	p. m.	19	While	k at war	11110	,00.001	211001, 011110 01081, 1	1					
	21. I certify the	at I attended the	deceas	ed fram_	May 14.		19.59 to N	ovember	12, 1959	that I la:	st saw	the d	eceased
	alive on Nove						curred at 5:3						
				11	0				reet, city or town,		0.010		E SIGNED
	ACTUAL SIGNATURE	austr	· d	el (mujo	M.D.	Springf:	ield St	ate Hosp	ital	1	1/12	2/59
	PHYSICIAN'S	1			U								
	NAME (Type)	Agustin de	1Cam	00. M.	D		Sykesvi	lle, Ma	ryland_			=	
22	BURIAL CREMATION	, 226 DATE THEREC) - C	22c. NAMI	E OF CEMETERY	OR CR	EMATORY	22d LOCAT	ION (City, town,	or county)		(Stole	e)
	BURTAL	11/16/	01	CAT.	HKORA.	4		FBE	DERICK	2 RL)	1	10
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRI	ESS		24a. RE	C'D BY REGIST		STRAR'S SIG	- 1 -		
13	Vichel	Manos	7	110 1	BELAIN	3	RT) DATE	NOV 1 6	159	7 Tun 2	8 th.	ase A	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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3. 3

may be retaine the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by appearing the page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any evel within 72 hours after death.

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4

TO HOSPITAL OF

VS A15 (4) 1SM 10/57

00

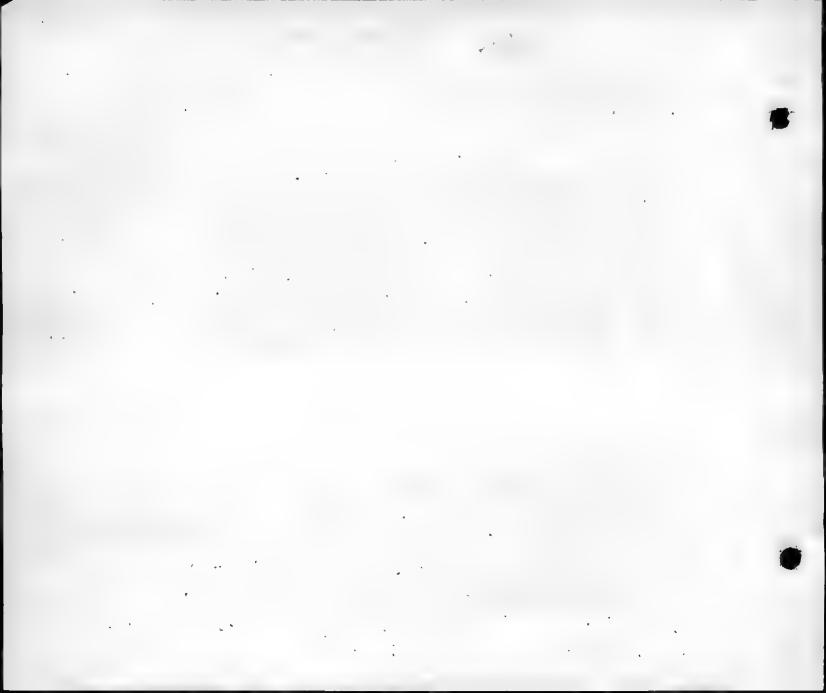
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

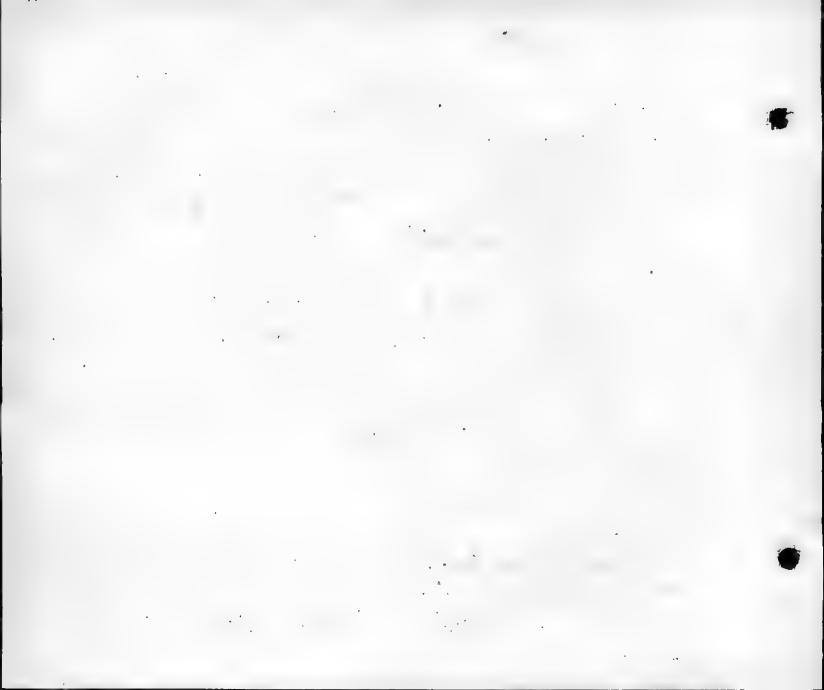
CERTIFICATE OF BEATH

1	2	4	3	3

			17.4	45	CEKIII	ICA	E OF DI	EAIL	1		Reg. Dis	st. No.		70
		PLACE OF DEATH					USUAL RESIDE			d lived. If institute b. COUNTY				
)	L.,		rroll		MARYL				yland				City	
	l '	RURAL and give nee	outside corporate limits, arest town)		LENGTH OF STAY I					rote limits, write R	URAL ond g	jive neo	rest town	1)
	_	Sykesvill			30yrs.8mo	3.29d			timore		VIV	4		
	١ '	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give	e street odd	fress)		d. STREET ADD	DRESS					e. 15 RES	FARM?
4	_	Springfie	<u>ld State Ho</u>	spita	1		130)7 C	larksc	n St.				NO [36
	3.	NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Мон		Day		Yeor
		(Type or print)	Mary			Sch	warz		DEATH	Novem	ber	17,		19 59
	S. 5	SEX	6 COLOR OR RACE	MARRIED	NEVER MARRIE					9 AGE (in years iost birthday)	IF UNDER			R 24 HRS
		Female	White v	VIDOWED	DIVORCED		une 10,	188	2	77 yrs	Months	Days	Hours	Min
	10c	USUAL OCCUPATIO	N (Give kind of work do ng life, even if retired)	ne 10b. KIN	NO OF BUSINESS OF	INDUSTR	11. BIRTHPLAC	IE (Stote	or foreign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
		None	ng me, even n temedy		der .		Mary	ylan	d		1 1	U.S.	.A.	
	13	FATHER'S NAME					14 MOTHER'S M	AIDEN N	NAME				*	
\		Leopold	Schwarz				Carı	rie :	Schaum	nan				
)	15.	WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. SO	CIAL SECURITY NO.	17, INFO	RMANT			Addr	ess			
Į	1	No	- yes, greenor or only or terr	,	_	S	pringfie	eld I	Hospit	al Recor	ds			
		18. CAUSE OF DEAT	TH [Enter only one cous	e per line f	or (o), (b), and (c).]							INTE	RVAL BE	TWEEN
			H WAS CAUSED BY IMMEDIATE CAUSE (o)_	B11	lateral br	onche	nneumon	าล				ONS	ET AND	
		420.0	DUE TO				priodicin	100					- FH A	5
		Conditions, if on	y, which) (b)_	Con	gestive h	eart	failure						Wee	lea
	H	gove rise to in	mediote (-		VP
		couse (o), stating the lying couse lost.	(c)_	Art	erioscler	otic	heart d	isea	50				Yea	ne
	Z	PART II, OTH	R SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEA					E CONDITION GIV	EN IN PART	1(0) 15	9. WAS	AUTOPSY
1	CERTIFICATION	Epileps	y with ment	al de	ficiency								PERFO	NO A
	TEK	20g ACCIDENT WAS	UNDERLYING [2	DE DESCRIE	BE HOW INJURY OC	CURRED (Enter nature of in	njury in f	Port I or Pari	I If of item 18.}			[]	[5
	GE	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	LI CAUSE OF DEATH											
	CAL	20c. TIME OF INJURY	Month, Day, Year	20d. INJU	RY OCCURRED	Ne PLACE	OF INJURY (Ho	me, form	20f. (City	or town)	10	County)		(Stote)
	MEDICAL	Hour o.m. p.m.	19	While of work	Not while	factor	r, street, office b	ldg , etc.	1					,
	_		at I attended the d	-	ر يا	37	, 19 58	. No	17	., <u>c</u>				
	Н	alive on NOV		eceasea	from, AtOV	* **					_,that			
		dive on 14 OV	eniper TIP	, 19_22	, and that	seath o	corred at 2			n the causes a		ne dat		ed abovi ATE SIGNE
		ACTUAL /7	1.1.1.1	12/1	12000		Comin		,	tate Hosp		-	17/7	7/KO
1		SIGNATURE	-62.02	(V	M C					TAGT		11/1	(7)7
1		PHYSICIAN'S NAME (Type)	Francesco M	lagro,	M.D.		Syke	svil	le, Mo	i.				
	220	BURIAL, CREMATION	. 226. DATE THEREOF	200	2c NAME OF CEME	ERY OR C	DEMATORY		224 4004	IION (Cit. A.				
		REMOVAL (Specify)	11/20/5	9 1	Incedim !	Our	D TANIAMA		7	TION (City, town, o	county)		(\$101	2)
	23.	FUNERAL DIRECTOR'S	1111	/M	ADDRESS	000		4= PEC*	D BY REGIST	DAR 24h PEGIS	TRAR'S SIG	NATHO	[] [] C	The -
		KARLIC	Francis 11	10041	1216 8	Ckn	A. 174							
			I WWW.	CANN			D	AIC N	OV. 2 3 '	59 I a	When &	Tha	m.A	



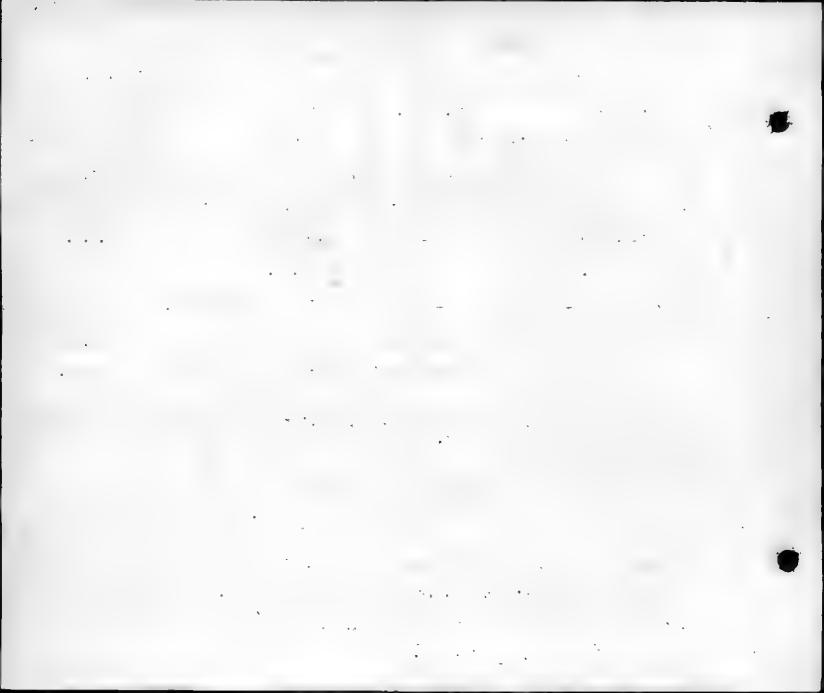




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TO FUNERAL D VS A15 (4) 1SM 9/SB

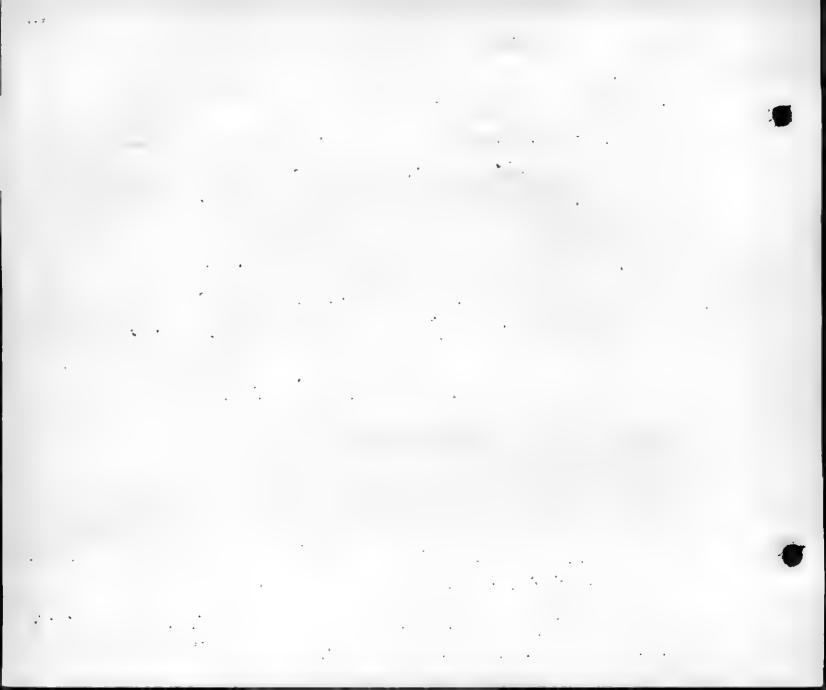


Reg. Dist. No.

1.64.1		Keg	. Dist. No.
PLACE OF DEATH O. COUNTY Carroll M	a. STATE	Where deceased lived, if institution: Res	1
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF S	1728		alto.City
RURAL and give nearest town)		(If outside corporate limits, write RURAL of	and give nearest town;
Sykesville 8 mont	d. STREET ADDRESS	THOLE IS A C	1 4
OR INSTITUTION			e IS RESIDENCE ON A FARM?
Springfield State Hospital	1666	Northbourne Rd.	YES NO
DECEASED	ldle Lost	4. DATE Month	Day Year
(Type or print) Nellie Pear	ce Stafford	DEATH November	24, 19 59
5 SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MA			The Days Hours Min.
	RCED February 6	, 2007 1 19yrs	Duys Hours Mill.
 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 	S OR INDUSTRY 11. BIRTHPLACE (SI	ale or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Saleslady -	Ohio		U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	
Israel Pearce	Mary Mo	ssholder	
IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY	NO. INFORMANT	Address	
No - 216-03-31	02 Springfield	Hospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).]		INTERVAL SETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Bilateral	bronchopneumonia		Days
420.0 DUE TO	*		
Conditions, if any, which) (b) Arterioscl	erotic heart dis	228	Years
gave rise to immediate Dus TO	010010 110010 0110	7000	
lying cause last (c) Generalize	d arterioscleros	s.	Years.
			PART 1(a) 19 WAS ALTOPSY
a contract arcer	roscrerosis with	psychotic reaction,	PERFORMED? YES NO 🗍
C. B.S. assoc. with cerebral arter 200. Accident was underlying OR Contributing Con	Y OCCURRED. (Enter nature of injury	in Part I or Part II of item 18)	,
	20e. PLACE OF INJURY (Hame,	arm, 20f. (Cily or lown)	(County) (State)
Hour a.m. While Nat while	factory, street, office bldg.,		(comy)
21. I certify that I attended the deceased from Mar	ch_26 ₂ , 19 <u>59,</u> to_	November 21,1959, that	I last saw the deceased
alive an November 24, 1959 , and the	nat death accurred at 11:	15AMfrom the causes and an	
ACTUAL Hadrey a letter a roller	<i>b</i> .	ADDRESS (Street, city or fown, state)	DATE SIGNED
SIGNATURE / aucue Mago Me	M.D. Springf	<u>ield State Hospital</u>	11/24/59
PHYSICIAN'S Francesco Magro, M.D.	Sykesvi	lle, Maryland.	
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	EMETERY OR CREMATORY	22d LOCATION (City, town, or cour	
Burial 11'27'59 Mt. 0	livet Cemetery	Baltimore, Man	ryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. [EC'D BY REGISTRAR 246, REGISTRAR'	
Heward H. Hubbard 4107 Wilke	ns Avenue DATE	NOV 27 '59 Circhan	L. Krack.

death. Page 4 may be retained. The haspital or altending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending physician and campletely filled in by fife page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shather registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OF VS A15 (4) 15M 9/58



mertificate

1IIM 9/58

Rea. Dist. No Baltimore e. IS RESIDENCE ON A FARM? YES NO Year 159

IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A.

Sykesville, Md.

INTERVAL BETWEEN onset and death

CBS ass. With disturbance of metabolism, growth or nutrition performed? YES 🔼 NO 🗀

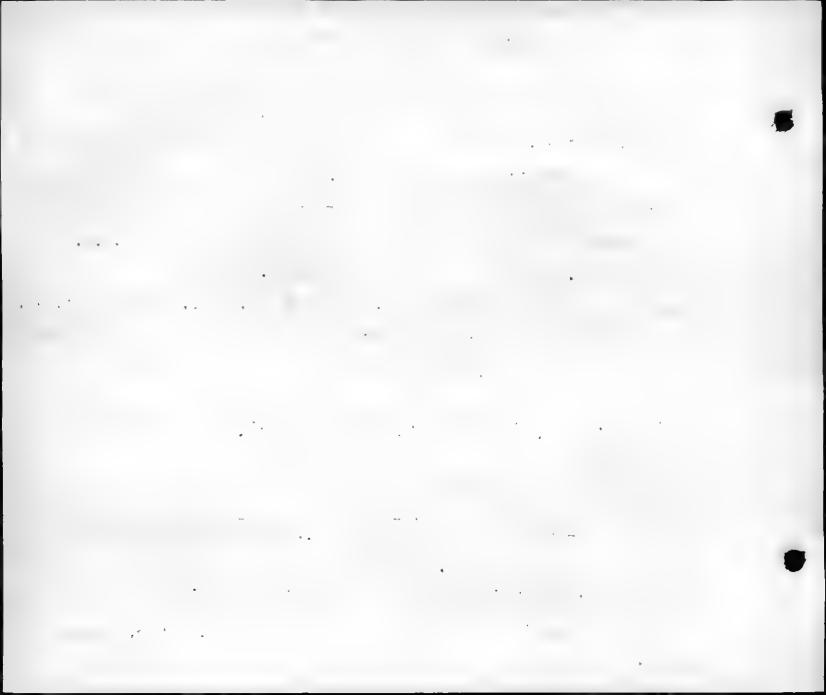
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(State) (County)

1957, to 11-15, 1959, that I last saw the deceased and that death occurred at \$2.456M, from the causes and an the date stated above.

(Stole) Pikesville, Marvland 24b. REGISTRAR'S SIGNATURE

Cirthun & Kraus John O. Mitchell & Sons, Inc. 1900 Eutaw Place DATE NOV 1 8 '59



VS A15 (4)

15M 9/58

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

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12454 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY o STATE b. COUNTY Montgomery Maryland MARYLAND Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Henryton Spencerville 14 days d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 003 OR INSTITUTION ON A FARM? Henryton State Hospital YES NO F NAME OF Middle 4. DATE Lost Month DECEASED 59 November Thomas Jackson DEATH (Type or print) 10 B. DATE OF BIRTH 9. AGE (In years less-birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours 10-10-1916 Male Negro WIDOWED | DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Construction Worker U.S.A. Remmington, Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Sayles George L. Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. INFORMANT Address fres on or unknownt Jackson Thomas - Patient ŇΩ CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (o) Cardiovascular Sufficiency 00 J X DUE TO Cirrhosis of liver & Pulmonary tbc. with Conditions, if any, which I gove rise to immediate Pleurisv DUE TO couse (a), stating the underlying couse lost. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p.) 19 PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c, TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (State) factory, street, office bldg, etc.) o. m. Not while ot work ot work October November and that death accurred at 6:15 21. I certify that I attended the deceased from alive an November 13 M. from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) 11-13-59 ACTUAL SIGNATURE Henryton, Maryland Edgars M. Maculans, Supt. PHYSICIAN'S Henryton State Hospital, Henryton, Md. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, town_or county)
Bealeton, Va. 22c. NAME OF CEMETERY OR CREMATORY (Stote) St. James Baptist 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. RECIÓ BY REGISTRAR Orthur & Kenneth

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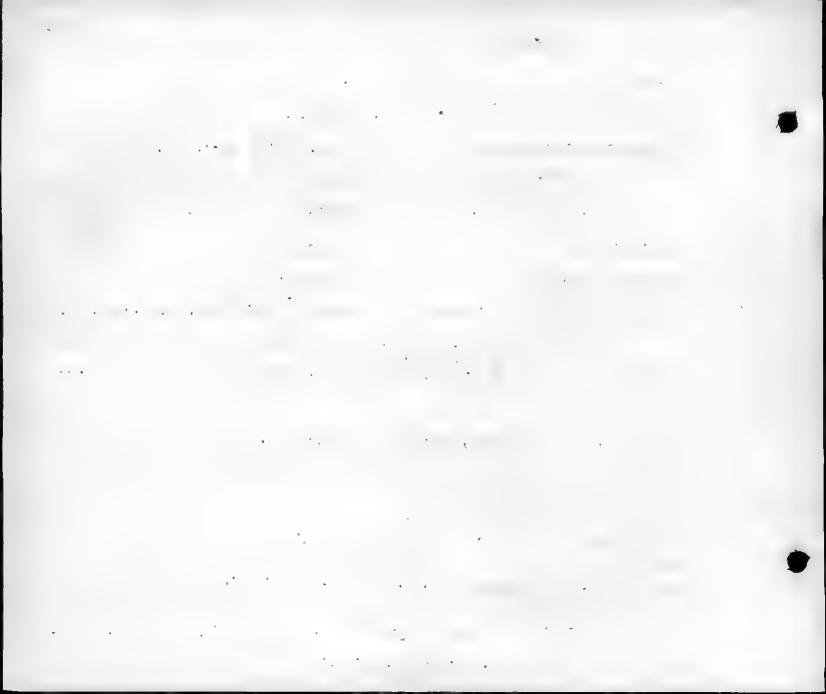
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merhificate ò may be retained by the h

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) · COUNTY o. STATE b. COUNTY MARYLAND Carroll County b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? Svkesville vear 6 m0 Tax Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Springfield State Hospitel 745 N. Patterson Pk. NAME OF 4. DATE Middle Dov Year DECEASED Michael (Type or print) DEATH Travinski 19 11-22-59 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys DIVORCED | WIDOWED _ Mo 10 white WIDOWED DIVOKED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 9-31-70 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Naturalized nOne 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Springfield State Hosp. Sykesville, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)_ Far advanced bilateral pulmonary Tuberculosis vear 6 mo. Arteriosclerosis Conditions, if any, which Attariase leresia Heart Desease Years gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDED OF THE TOTAL OF THE STATE OF THE HOW INJURY OCCURRED OF CONTRIBUTING COURSED (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. (County) (Stote) foctory, street, office bldg., etc.) O. m. Not while at work at work 21. I certify that I attended the deceased fram. 4-21-58..., 19..., to 11-22..., 1959, that I last saw the deceased __, and that death accurred at the M, fram the causes and an the date stated above ACTUAL SIGNATURE Francesco Magro M. D. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, Jown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Burial (Specify) 11-24-1959 Holy Hosary Cemetery Springfield Hosp. Sykes. **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE NOV 23 '59 Whither & House Frank Cvach & Son. 900 N. Chester St. Balto.5

pode 2 VS A15 (4) 1SM 9/58



12443

		12455		CENTIII	10/	11E OI E	-CAIII			Reg. Di	st. No.		
ì.	PLACE OF DEATH O. COUNTY Carrol	1		MARYL	AND	CTATE	DENCE (When		lived IF institut b. COUNTY		nce befor		ion)
		If outside corporate limit	s, write	LENGTH OF STAY II	N 1b	c. CITY OR I		side corpora	ote limits, write f		give neo	rest town)
	d NAME OF HOSPIT	AL (If not in hospital, g Ld State Ho	ive street ad	SY 10M 1D kdress)		d street A	DDRESS			6.Md			DENCE FARM? NO DI
3.	NAME OF DECEASED (Type or print)	U Emma	- 	Middle		Von Buss	1	4. DATE OF DEATH	Mor No	1th	1/4	, 1	9 59
5.	SEX F	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIEI		B. DATE OF BIRTI		9	AGE (In years last birthdoy)	Months	Days		
10c	USUAL OCCUPATION during most of work	ON (Give kind of wark of king life, even if retired) AKCP	lone 10b. Ki	ND OF BUSINESS OR Clothing	INDU	1	ACE (Stote or	foreign cou	entry)				OUNTRY?
13.	FATHER'S NAME	unknown					MAIDEN NA	ME					
15.		R IN U. S. ARMED FOR- (If yes, give wor or dates of se 110		None	'	Spring:	field	State	Hospita	lress 1			
		mmediate Dus To	Bro	for (o), (b), and (c) } onchopneumouronic Cont			rt Fai	lure				RVAL BE	
MEDICAL CERT FICATION	Chrone 200 ACC. DENT WA	HER SIGNIFICANT CONE TIC Brain S AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER	yndror		ted	with Ar	terios	cleros	sis	VEN IN PAI	RT 1(0) 15	PERFO	NOTE
MEDICAL	20c. TIME OF INJUR Havr a. m.	Y Month, Doy, Yea	r 20d. INJ While of work	Not while		ACE OF INJURY (20f. (City o	or town)	(County)		(Stote)
	21. I certify the alive on	Joseph Flor	19 9cf	fram. 1-13	death	un Sp:	12.55	obress (Sine	he causes are set, city or town, cate Hos	nd an th		stated	
220	BURIAL, CREMATIO REMOVAL (Specify)	11-17-195		22c. NAME OF CEME			2		ON (City, town,			(State	9)
23	FUNERAL DISECTOR		ine o	ADDRESS POR	Pari	· Al	24a. REC'D		AR 24b. REG	ISTRAR'S SI	GNATU	RE	

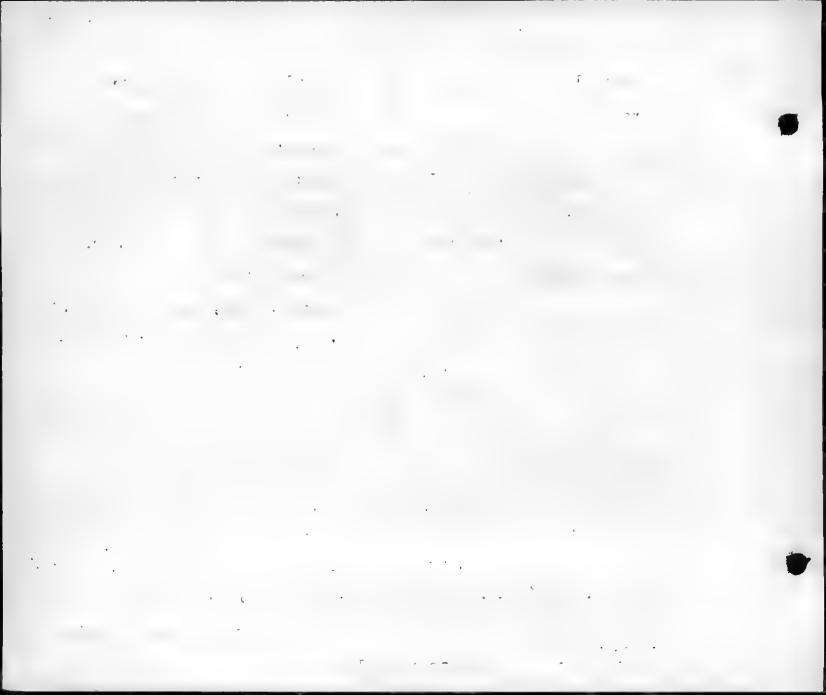
TO HOSPITAL O VS A15 (4) 15M 9/58



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH	1244
CERTIFICATE OF DEATH	

OR INSTITUTION E. Baltimore Street										
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neare RURAL and give neares town) Taney town d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION C. CITY OR TOWN (If autside carporate limits, write RURAL and give neare Taney town A. STREET ADDRESS O. Baltimore Street	st lown)									
Taneytown d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION C. STREET ADDRESS E. Baltimore Street										
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION C. STREET ADDRÉSS E. Baltimore Street										
	IS RESIDENCE ON A FARM? YES NO									
3. NAME OF First Middle Lost 4. DATE Month Day	Year									
(Type or print) Edna Jane Wantz OF November 13.	19 59									
5. SEX ,6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF	UNDER 24 HRS.									
Female White WIDOWED DIVORCED Jan. 1. 1886 73 yrs Manths Days	Haurs Min									
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112 CITIZEN OF W. during most of working life, even if retired)	HAT COUNTRY?									
Housewife Own home Maryland U.S.A.										
13. FATHER'S NAME										
Edward Carbaugh Hannah Wantz										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Address										
no none Mr. Solomon E. Wantz, Taneytown, Mary	land									
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH LE L										
420,/ DUE TO										
Condition if any which	Conditions if any which									
gave rise to immediate										
cause (a), stating the <u>under-</u>										
, (c)										
	PERFORMED?									
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 at wark at wa	(State)									
Hour a. m. While Nat while factory, street, affice bldg., etc.)										
21. I certify that I attended the deceased from Julie 1, 1938, to 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the deceased									
alive an MIN 8, 1957, and that death accurred at 7. PM, from the causes and an the date s										
ADDRESS (Street, city or town, stote)	DATE SIGNED									
ACTUAL STATE OF THE STATE OF TH	11-15 0									
SIGNATURE M.D PULL TOOL INC.	7-1-12-57									
PHYSICIAN'S T.H.Legg', M.D. Union Bridge, Md.										
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)									
REMOVAL (Specify)										
Burial 11/16/59 Baust Cemetery Tyrone, Carroll, Mary 23. FUNEARL DIRECTOR'S SIGNATURE JADRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE C. O. Russelle, Son Tenentown Manual and Date NOV 1 8 '59 Continuo S. Frank										



VS A15 (4) 15M 9/58

death. Page 4

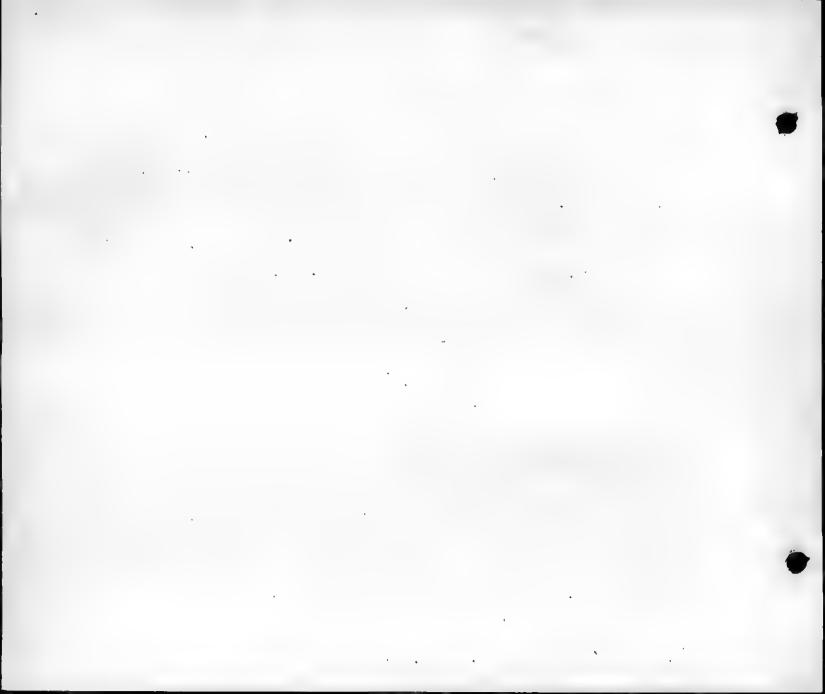
H

O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12458 CERTIFICATE OF DEATH 12445

	2020					K	eg. Dist. N	10.
1	PLACE OF DEATH o. COUNTY Carroll	MARYLAN	- 11	USUAL RESIDENCE (Whe	are deceased i	lived If institution: b. COUNTY	Residence be	rfore admission)
-						A . 1015	A4 4	V
	 CITY OR TOWN (If outside carporate limits RURAL and give nearest town) 		P	c. CITY OR TOWN (If ou		te timits, write KUK/	AL and give n	legrest town;
L	Henryton	J 40.30	-		imore_	- Y	2012	igh
	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION Trate Ho			d. STREET ADDRESS	Jamer	Street		ON A FARM?
1					4. DATE	Month		Day Year
	Type or print To T	rothy		Watera	OF DEATH	Monsing		19 50
5.	SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED	g B. 1	DATE OF BIRTH	9			AR IF UNDER 24 HRS
]	Temple Megro	WIDOWED DIVORCED] [June 14, 198	24	35 yrs	Aonths Doys	Hours Min.
10	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	lane 10b. KIND OF BUSINESS OR IN	DUSTR'	Y 11. BIRTHPLACE (Slote of	ar foreign cou	ntry}	12 CITIZEN	OF WHAT COUNTRY?
	lone	NONE		Maryler	a d		TT.	C. A.
13.	FATHER'S NAME		1	14 MOTHER'S MAIDEN N	AME			
	John Waters			Ella H	ughes			
15.	WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL SECURITY NO.	INFO	DRMANT		Address		
	(II yes, give wer or delice or se	217-1, -1/03	Dog	coth: Later	- 7:4	ient		
_	18. CAUSE OF DEATH [Enter only one cou	use per line for (a), (b), and (c).]					110	TERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	far fdvancel bi	7	ra o vit	arv .	onary	0	NSET AND DEATH
	002 X DUE TO	7,4 ,7 ,1200				<u> </u>		
	- 0 134 11	Tuberculouis, 1	ام ز م	at thoraco	lastv.	rimb+	f T	
	gave rise to immediate (lobe resection				and the same of th	-	
		Cardiovascular	Tno	zufficiency				
z		DITIONS CONTRIBUTING TO DEATH			NAL DISEASE	CONDITION GIVEN	IN PART 1(g	19. WAS AUTOPSY
CATIC								PERFORMED? YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury in P	art I ar Port 1	I of item 18)		
MEDICAL	20c. TIME OF INJURY Month, Day, Yea Hour o.m.	While Not while		OF INJURY (Home, form, y, street, office bldg, etc.)		er tawn)	(Caunt	y) (State
ME	p. m. 19	at work at wark						
	21. I certify that I attended the	deceased from Cotobil	r 29	9 , 1958 , ta Mo	vember	1,159,th	at I last s	aw the deceased
	alive an Novemb r l,							
	(/					et, city ar tawn, sla		DATE SIGNED
	ACTUAL SIGNATURE Odgars M	Manlaus	M E	Henry	ton St	ate Hosp	ital	71-1-
	PHYSICIAN'S Edgars 1.	Maculans, P.D.		Henry	ton, '	ry n		
22	BORAL CREMATION, 226. DATE THEREO	F 72c NAME OF CEMETER	Y OR C	REMATORY	22d. LOCATIO	ON (City, lawn, ar o	county)	(State)
	REMOVAL (Specify) // /4/5	9 MILAUBUI	RIV	CEIT	BAL	10,		1911
23	FUNERAL DIRECTOR'S SIGNATORE	ADDRESS	1	An / 240. REC'D	BY REGISTR			
Ľ	Um / Chalma	~ 1701/11/20	6.11	DATE N	OV 4 15	9 ant	Chur S. H	rallA



	1	2459	CERTIFICA	IE OF DEATH	1	Reg.	Dist. No.					
	1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Wh	ere deceased live		dence before ad	mission)				
	Carroll		MARYLAND	Mary	land	b. COUNTY Ba	Balto City					
	b. CITY OR TOWN (If outside co RURAL and give nearest town)	orporate limits, write c	LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside corporate l	imits, write RURAL o	nd give nearest !	own)				
	Sykesville	25	yrs.8mos.16da	ys Baltim	ore		2	1 +				
water	d. NAME OF HOSPITAL (If not in	n hospitol, give street ode	dress)	d. STREET ADDRESS	3600 Fai	rview Ave	e. IS	RESIDENCE N A FARM?				
1	Springfield St	ate Hospital		/3014 Mest	wood/Kye			□ NO 🗊				
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year				
	(Type or print)	Mary	Theresa	Weber	DEATH	November	23,	19 59				
	5. SEX 6. COLO	R OR RACE 7. MARRIED	THE TEN MINISTER CAN	DATE OF BIRTH	9. A	GE (In years IFUNI st birthdoy) Month						
	Female Whi			June 2, 1876		83: yrs.						
	10a. USUAL OCCUPATION (Give ki during mast of working life, ev	ind of work done 10b. Kit en if retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country	1	CITIZEN OF WHA	AT COUNTRY?				
	Sewing plant; ho	usework	-	Maryland			U.S.A.					
\	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME							
	Frank J. Weber			Annie Ell	iott							
J	15. WAS DECEASED EVER IN U. S (Yes, no. or unknown) [II yes, give w	or or dates of service)		ORMANT		Address						
	No	•		<u>ringfield_Ho</u>	spital_H	ecords						
	18. CAUSE OF DEATH WAS C	ONSET A	ND DEATH									
	422 / IMMEDIAT	mmediate cause (a) Bronchopneumonia Days										
	DUE TO											
	Canditions, if any, which gave rise to immediate	Two	Two weeks									
	couse (p), stoting the under DUE TO											
	lying couse fost (c) Arteriosclerotic cardiovascular disease Years Part II. Other Significant conditions contributing to death but not related to the terminal disease condition given in part 1(o) 19. Was autopsy											
j.	Dementia praec			OF RELATED TO THE TERMI	NAT DISCASE CO	IN PERSON CIVEN IN	PE	REORMED?				
	PANT II. OTHER SIGNIF Dementia praec 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE		BE HOW INJURY OCCURRED.	(Enter nature of injury in I	Port Lor Port II o	Fitem 1B 1	165	□ wo'F				
	OR CONTRIBUTING CAUSE	OF DEATH	or How Hook Occorded.	(cities harves or injury in	10111011011101	, ,,,,,,						
		· j	JRY OCCURRED 20e PLAC	E OF INJURY (Home, farm	. 20f (City or to	lawe!	(County)	(State)				
	20c TIME OF INJURY Manih, Hour o.m.	While of work	SHIRW WILLIE	ry, street, office bldg , etc)		,,,	, ,				
	21. I certify that I atte			165 . No	growbon S	2 20 501 11	1					
	alive an November											
	Quive qu'il Divernine I		z, and that death o			causes and an		rea abave. DATE SIGNED				
	ACTUAL SIGNATURE & CALLES	land dol	(smoo.	D. Springfie	,		77/2	23/59				
i	1	_		D. LUPITALE TO	14 0 0400	MODIFICAL		-d}-d-l				
ľ	PHYSICIAN'S / Agus	tin delCamp	o, M.D.	Sykesvill	e, Maryl	and						
	220. BURIAL, CREMATION, 22b. D	ATE THEREOF	Zc. NAME OF CEMETERY OR I	CREMATORY	22d. LOCATION	(City, town, or coun	ly) (State)				
	REMOVAL (Specify) Burial 11	/25/59	Druid Ridge	Cem.		Pikesvi	lle, Md.					
	23 JUNERAL DIRECTOR'S SIGNATU	المستحدث الهاكيب والوكي كبوارة	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE					
	W To Lies	bourt Form	11 To Ones	L'allo DATHOV	2 4 '59	1						
							· Mans					

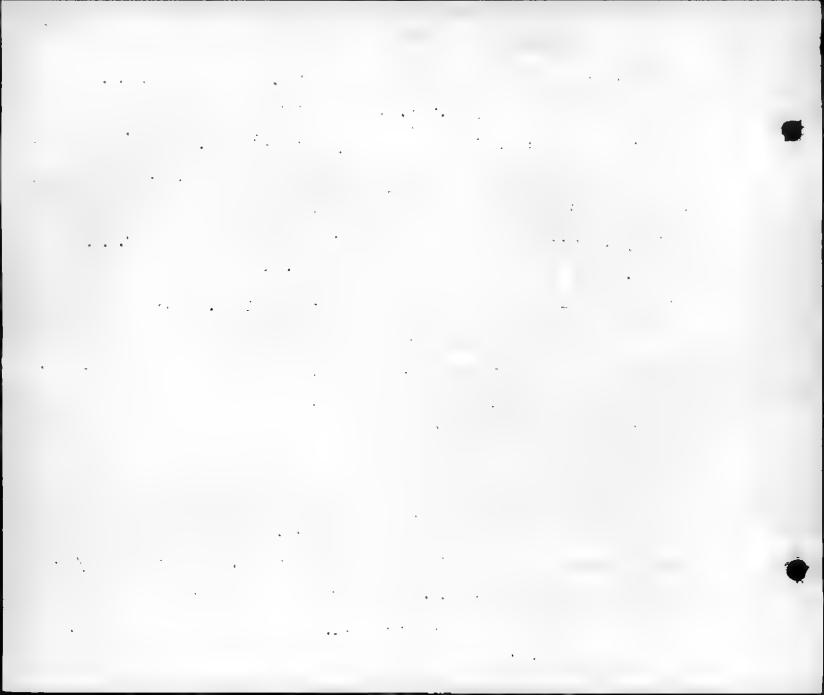
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with may be retained by the haspital ar attending physician. TO HOSPITAL VS A1S (4) 15M 9/5B

death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Then please remove carbon papers.

the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs ofter death.



Cultury & Firance

DATENOV 1 6 '59

	12450	CERTIFICA	TIE OF DEATH		Reg. Dist, No.
	1. PLACE OF DEATH O. COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (Who		on. Residence before admission) Carroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) TUTAL WOOD INE	c. LENGTH OF STAY IN 16	c. City or town (if or	itside corporate limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street of NAME OF HOSPITAL)		d. STREET ADDRESS	October	e. IS RESIDENCE ON A FARM? YES □ NO A
	3 NAME OF First DECEASED (Type or print) CHARLES	Middle W.	ELSH	4. DATE Mon OF DEATH NO	
	5. SEX 6 COLOR OR RACE 7. MARR Male White Widows		8-5-1892	9 AGE (In years last builhday) O yrs	Months Days Hours Min.
	10a USUAt OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) retired watchman Mo		TRY 11. BIRTHPLACE (Stole of Maryla	•	U.S.
	13. FATHER'S NAME Nimrod Wels!	h	14. MOTHER'S MAIDEN N. Betty	3.5 WWE	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give wer or dates of service)		s. Martha M	. Welsh, s	iane
	18. CAUSE OF DEATH {Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (o), (b) and (c)]	lThr	mhyn	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate (b)	Gent a	stern 1	cleron	¿ Fyr
	couse (a), stating the under- lying cause last. DUE TO		V-1		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OF ATH BUT NOT RELATED TO THE JERMINAL DISEASE CO					/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO E
	20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 White at work	Nat white tact	ICE OF INJURY (Hame, form, tary, street, office bldg., etc.)	20f. (City ar town)	(County) - (State
	21. I certify that I ottended the decease		19 5 9 to 1	M from the courses of	that I last saw the deceas
	ACTUAL SIGNATURE	Mostro	AD.	OORESS (Street, city or town,	
	PHYSICIAN'S MORRELL N. MA	STIN			· ·
	220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL 11-15-1959	22c. NAME OF CEMETERY OR Winfield Ch		22d. LOCATION (City, lown, o	or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz, Win	field, Md.	240 REC'D	BY REGISTRAR 24b REGIS	STRAR'S SIGNATURE

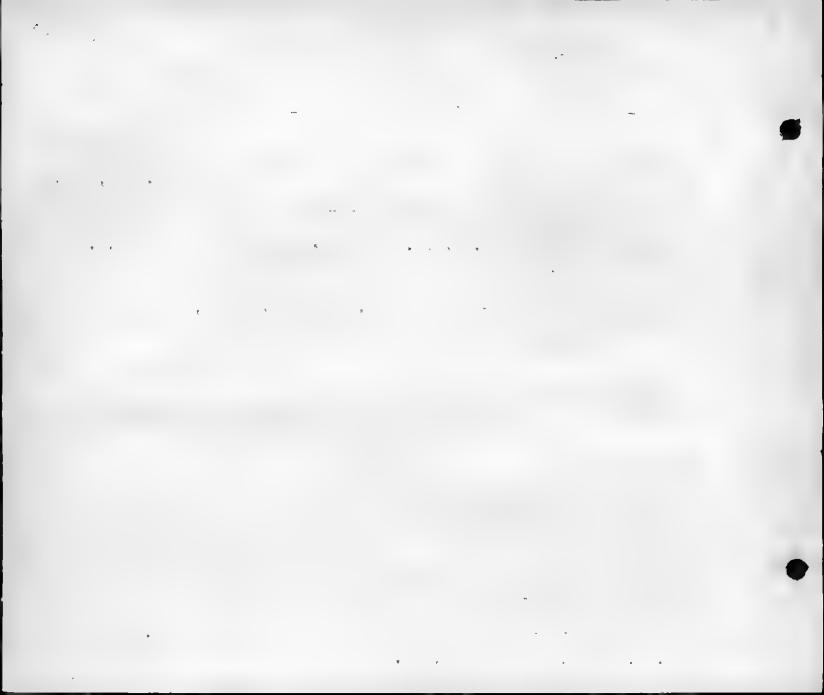
may be retained by the hospital ar attending physician.

TO NUMBER L DIRECTOR: After this merificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaral, and in any event within 72 hours after feath. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

death: Page 4

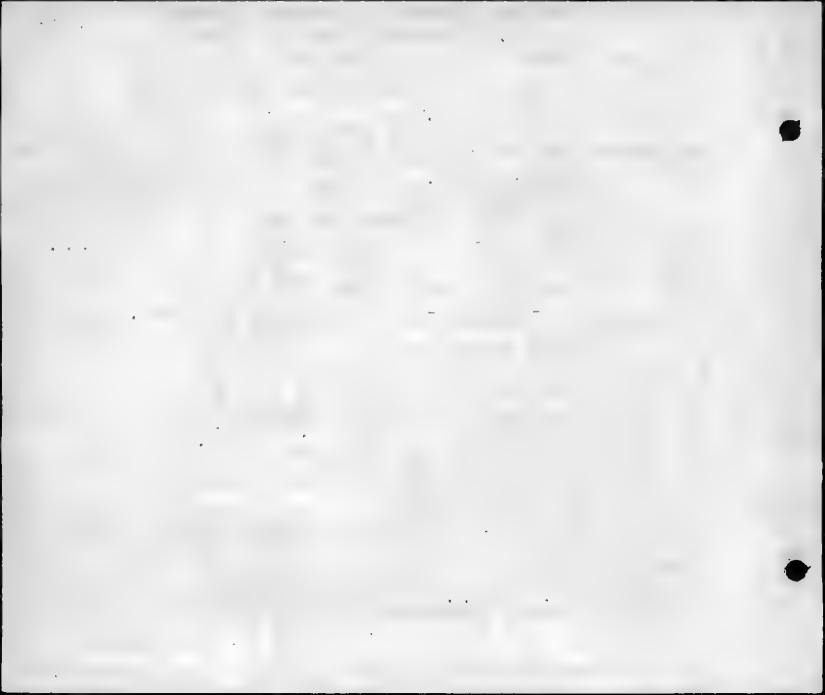
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VS A15 (4) 15M 10/57



\$ B 8/	1			ME	DICA	L EXAMIN	ER'S	CERTIFICA	TE O
should be cremotion	\$.	-	PLACE OF DEATH	2451			1	2. USUAL RESIDENCE	Afferment
shoul		"	s. COUNTY	Commall				O. STATE	rynere dec
me of	-800	<u> </u>		Carroll		MARY		Mar	yland
Poge Poge buriol,		'	p. CITY OR TOWN (IF	outside corporate finits, write	RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (f outside i
0 0			Sykesvi			16yrs 10d	avs	Catons	ville
	ν.	١ ٩	. NAME OF HOSPITA	AL OR INSTITUTION (II	nat in hos	pital, give street address)	d. STREET ADDRESS	
loy iddired			Springf	ield State	Hospi	tal		401 Fr	ederi
any deloy funcrol dii r your file registror p		3.	NAME OF DECEASED	Fire	ł	Middle		Lost	4. DATE
\$ 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0			(Type or print)	Thoma	IS	\mathbf{F}_{\bullet}		White	OF DEAT
F - 6 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		5. 5	EX			D X NEVER MARRIED	□ B.	DATE OF BIRTH	
+ 0 5 € # d ∓			Male	White	WIDOWED	DIVORCED [1.900	
deat 3 1 efoi wi		100	USUAL OCCUPATION	ON (Give kind of work d	one 10b. K	IND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE (Stoke	or foreig
fier d , ond be re ond 2		'	Unknown	g me, even ir remecj		-		Unknow	ണ
1, 2, 1, 2, may b		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	
4 hours oges 1, 3e 5 m poges			Unknown					Unkne	าพาา
	, ,	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. IN	FORMANT	71122
Give Post	F	1	No	(it yet, give wor or dates to t	HANCE)			C	3 77
\$ 00 CH	11 "			TH Enter only one caus	e per line f	or (a), (b), and (c),]		Springfield	l Hos
ined with PM			PART I. DEAT	H WAS CAUSED BY:	_		9		
20 E E			441 X	IMMEDIATE CAUSE (a)	Br	ouchobuenno	nia		
e exection the solution in the	v			DUE TO					
# 15 mm			Conditions, if as gave rise to immed	liate cause (
should be n pencil			(a), stoting the u	nderlying DUE TO					
- L			cause lost.	7 (c)_	17:0) 11:00				
ng: in Office	,	CERTIFICATION	Psychos:	is with syp	hilit	ic meningo	en cei	onalitis.	ract
岩質なる		5							hu
그 내는 그를 쓴다.		ERT	20a. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	ITRIBUTING	DESCRIBE	HOW INJUST OCCUR	KED. (EN	ter nature of injury in Par	1 I or Pari
R: This word Exom should			20c. TIME OF INJUR		lond ii	NJURY OCCURRED 120	n BLACI	E OF BUILDING ALL	
ER:		MEDICAL	Hour e.m.		While	Not while	fector	E OF INJURY (Home, for y, street, office bldg., etc	n, 20f. (0
EXAMINER: riting the we of Medical E		×	p. m.	19	at wor				
EXAM writing nief Med NR: Poge								e, held an Autaps	у 🔲,
ج * E O			death resulted	from: Natural o	auses 📮	🖟 Accident 🔲,	Suici	ide 🔲, Hamicide	» 🔲,
cAL ate, w the Chi			(/	1 4	1.				
0 0 E			SIGNATURE AL	URN .	nera	N		M.D. CHIEF MEDICAL E	KAMINER
	,		EXAMINED'S					ASSISTANT MEDIC	AL EXAMI
Para Se			NAME_(Type)	James T. M	arsh,	M.D.		DEPUTY MEDICAL	EXAMINE
		220	BURIAL CREMATION	N, 226. DATE THEREOF	-0 1	22c. HAME OF CEMETE	RY OR C	REMATORY.	224 100
5 . 5 .		_		Jus 16'123			rrrin	inny Berny	1/2
VS. A15ME(5)		23.	FUNERAL DIRECTOR	SIGNATURE	_	ADDRESS		24a. REC	D BY REG
EN DIES		40	Farm W F	of the Anderta	1 /2	char . 16	6%	7 DATE N	0V 1 3

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 F DEATH Reg. Dist. No. eased lived. If institutions Residence before admission) **b.** COUNTY Baltimore corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? ck Road YES NO 19 59 November 9. AGE (In years IF UNDER TYEAR lost burthday) Months Hours 59 yrs. n country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address nital Records. INTERVAL BETWEEN ONSET AND DEATH Days. ASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? merus. fl of item 18.) Lity or town) (County) (Slole) Inspection X, Inquiry X, and find that Undetermined cause . DATE SIGNED NER 🗌 11/10/59 R 💯 NION (City, Town, or county) 24b. REGISTRAR'S SIGNATURE



VS A1S (4) 15M 9/58

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12462	CERTIFICATE	OF	DEATH	D.

12449

		15.14				Keg.	DIST. NO.
1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (VA		If institution: Reside.	dence before admission)
Carroll			MARYLAND	Maryland		Montgo	merry
	(If outside corporate limit nearest town)	s, write c. LEI	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin		
Svkesvi	lle	5	mo 19 de	evs Silver S	pring	15-	6 2
OR INSTITUTION)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Springf	ield State 1	lospital		2222 Was	hington Av	70.	YES NO NO
3. NAME OF DECEASED (Type or print)	Fire Tda		Middle Cohen	Witkowski	4. DATE OF DEATH	Month 7.7	Doy Yeor 13 1959
S. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	9 AG	- Alle siles	DER 1 YEAR IF UNDER 24 HRS.
female	white	WIDOWED	DIVORCED	7/1./03	lost	birthday) Month	
10a. USUAL OCCUPATI	ION (Give kind of work of	lone 10b, KIND (JSTRY 11. BIRTHPLACE (State			CITIZEN OF WHAT COUNTRYS
during most of wo	rking life, even it retired)						TTO
13. FATHER'S NAME	re	n	one	14. MOTHER'S MAIDEN	of Columb	018	USA
13. FATFIER S NAME				14. MOTHER 3 MAIDEN	NAME		
Max Coh				Fanny Br	odsky		
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR	CES? 16. SOCIAL	L SECURITY NO.	INFORMANT		Address	
	(17 year grown or out on		05-7232	Springfield	State Hos	. Sykes	ville.Md.
18. CAUSE OF DE	ATH [Enter only one co	use per line far (a), (b), and (c).]				INTERVAL BETWEEN
1 1	ATH WAS CAUSED BY:		_				ONSET AND DEATH
356.0	IMMEDIATE CAUSE (o)	BULLOS	r Balsy			-	years
	DUE TO						
Conditions, if gove rise to		Arter	ioscleroti	c Heart Disea	Se		years
couse (a), stating							
lying couse lost							
PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN F	PART I(a) 19. WAS AUTOPSY
E E	CRS oge	hatein	with senil	e brain disea	80??		PERFORMED? YES NO X
200. ACCIDENT W	AS UNDERLYING			ED. (Enter nature of injury in		tem 18.)	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)			,			
WEDI CALL HONE OF INJU	RY Month, Doy, Yea			LACE OF INJURY (Hame, far actory, street, office bldg., e	m, 20f. (City or taw	rn)	(County) (State)
Havr a.m.	19	While N	lat while	ociory, sireer, office blog., er	(C.)		
				<i>r</i> o	22/22/50		
21. I certify t	hat I attended the			59, 19, ta	11/13/59	_, 19,that I	last saw the deceased
alive an	11/13/59	, 12	_, and that deat	h accurred all 100	M, from the c	auses and on	the date stated above
21		11.1			ADDRESS (Street, ci	ty or town, slote)	DATE SIGNED
SIGNATURE	nou elle	my as	9110	M.D.			
			đ				
PHYSICIAN'S NAME (Type)	Francesco	Magro. M	.D.	Sykes	ville, Ma	ryland	
22a. BURIAL, CREMALI			NAME OF CEMETERY O			lity, town, or count	(State)
REMOVAL (Specify		959 1		10 MEM.GARDE		SCHURC	H Ja.
23. FUNERAL DIRECTOR			DDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE
BORNER	1-111		-14th 1-NI	24	NOV 1 8 '59		1 S. France
LUIN LAN	JAYT XXX	10101	17 3/1/1	DATE			

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) necessary, ector. Page e. COUNTY 3 to the funeral director. Page v be retained for your files. The state logid of Health, e. STATE b. COUNTY Carroll Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Westminster Westminster 50 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS degihn NAME OF Firet Middle 4. DATE Last Month DECEASED OF (Type or print) GARY BRIAN DEATH YINGLING November with 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED may 2 wif PM3. Page 5 may PM3. Page 5 may pages 7 and 2 within 72 pours e lest birthday) Months Male White WIDOWED DIVORCED affer 10a. USUAL OCCUPATION (Give kind of work 18. Give Pages 1, 2, h form PM3. Page 5 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 24 hours Hanover, Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Yingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? FIG Marie Stonesifer 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Office elong with for burial-transit permit moval, end in any e Mr. Arthur Yingling as above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia in pencil Cellulitis of Abdominal Wall. DUE TO removal, This certificate should Conditions, if eny, which (b) gave rise to immediate cause "pending" 103 Examiner's DUE TO (e), steting the underlying Sp 8 ceuse lest. pesn ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION сгетат ease execute the certificate, writing the word should be forwarded to the Chief Medical EVINERAL DIRECTOR: Page 2 deciral E 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: Chief Me age 3 sho to burial, the Chie 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, Month, Day, Year 2Df. (City or town) While Not While factory, street, office bldg., etc.) 2 et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes X Accident Suicide ! Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty. NAME (Type) Address (Street, city, lown, or county) 9329 228, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 40 6 Burial Pleasant Valley Pleasant Valley Md. 0

VS. A15ME 5M 7/59

23. FUNERAL DIRECTOR

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

arthur S. Hinns

(County)

Carroll

Day

Days

e. IS RESIDENCE ON A FARM? YES NO

Yeer

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

YES DO

and in my opinion

DATE SIGNED

(State)

19 59

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